

Credit Card Authorization

2600 Jones Franklin Road, Cary, NC 27518



Payment Authorization Information:

_____ Visa

_____ Master Card

_____ American Express

Credit Card # _____

Exp Date _____

Amount: \$ _____

Order Information:

Invoice or PO # _____

Description _____

Billing Information:

Information provided as appears on Card

Name _____

Company _____

Billing Address (as appears on statement for card)

Street _____ Suite or Apt _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Shipping Information:

___ *Same as Bill to info*

Name _____

Company _____

Street _____ Suite or Apt _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Tax Status (North Carolina State tax rate 7%)

Tax Exempt _____ yes _____ no

Resale Certificate on file _____ yes _____ no