

PRINTERM DATASCRIBE, INC.

Credit Card Authorization Form

I authorize **Printerm Datascribe, Inc.** to debit my credit card as indicated:

MASTERCARD VISA AMERICAN EXPRESS

The Charge is for: _____ Amount: \$ _____

Card Number: _____ Exp. Date: _____

Name as it appears on Card: _____

(COMPANY)

(CARD BILLING ADDRESS)

(ADDRESS)

(CITY, ZIP CODE, AND COUNTRY)

(CITY, ZIP CODE, AND COUNTRY)

(PHONE NUMBER WITH CITY AND COUNTRY CODE)

(NAME OF BANK OF CREDIT CARD)

(TELEPHONE # OF BILLING ADDRESS)

(CVV2 - this is a 3 digit number on the back of the credit card)

CARDHOLDER SIGNATURE: _____ DATE: _____

Print Name and Title: _____

PRINTERM DATASCRIBE, INC. ARE AUTHORIZED TO MAKE ALL INQUIRIES WE DEEM NECESSARY INCLUDING, VERIFICATION OF IDENTITY.

ALL THE ABOVE INFORMATION IS REQUIRED BEFORE AN ORDER WILL BE PROCESSED. THANK YOU FOR YOUR COOPERATION.

300 International Dr., Suite 100, Williamsville, New York, 14221
716-635-0797 FAX 866-660-3453 800-267-8925