



46 Violet Avenue
Poughkeepsie, NY 12601
telephone 845-473-0550 • fax 845-454-7507

CREDIT CARD AUTHORIZATION FORM

Credit Card Billing Information:			
Company Name:			
Name on Credit Card:			
Credit Card Type:	Visa	MasterCard	Discover
Credit Card Number:			
CVC Number (last 3 digit on back):			
Expiration Date (mm/yy):			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Phone Number:			
Fax Number:			
Payment Information:			
Invoice Number:		Date:	
Description:			
Amount to Charge:			
Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at company's discretion if any charges are declined or chargebacks are claimed against any outstanding invoiced amount.			

Please return this by fax (845) 454-7507 or email: cc@perretta.com