



TEL: 416-937-5407
FAX: 253-541-9903

CREDIT CARD PAYMENT AUTHORIZATION

Date: _____

Organization Name: _____

Cardholder's Name: _____

Phone Number: _____ Cardholder's Signature: _____

Billing Address: _____

Credit Card (circle one) MasterCard VISA

American Express

NOT ABLE TO PROCESS AMEX CARD MANUALLY AT THIS MOMENT
To charge AmEx we have to send you a special Link to secure Website

Credit Card #: _____

Expiration Date: ____ / ____
 MM YYYY

Security code on the back of the card _____

In Payment of:

<u>Invoice number</u>	<u>Amount Due</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total to charge: \$ _____

Special Handling Instructions:

- Charge total amount due
- Charge each invoice individually

Other Special Instructions: _____

Please fax completed from to our secure fax number.

Accounting Dept. Fax Number: 1-253-541-9903

**You can also Digitaly Fill & Sign this Form and as PDF file
attach to your email and send it to admin@brassname.com**