

.....**CREDIT CARD AUTHORIZATION**.....

Please complete the form below, including your signature and email address. Thank You!

Credit Card Type     Visa     MasterCard    *(AMEX Not Accepted)*

Credit Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**PURCHASER'S BILLING INFORMATION**

Company Name \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Payment Amount \_\_\_\_\_ To Be Applied To \_\_\_\_\_

***We Appreciate Your Business!***



5224 West State Road 46 #337  
Sanford, Florida 32771  
☎ 407.268.4444 - Fax 407.268.4449  
🌐 [www.purchasingpowerplus.com](http://www.purchasingpowerplus.com)