

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 _____

Digital Signature _____

(For the purposes of this document, typing your name verifies agreement to credit card charge.)

PURCHASER'S BILLING INFORMATION

Company Name _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Email _____ Phone # _____




Payment Amount _____ To Be Applied To _____

To pay by credit card, return completed credit card form via email to vendorteam@purchasingpowerplus.net or call our office at (407) 268-4444.

We appreciate your business!



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