



Specs4us

Fax: (800) 674-6079

Or mail to: PO Box 465 Burton, Ohio 44021

Call: 800-586-1885 M-F 9-2 EST

CREDIT CARD AUTHORIZATION FORM

I _____, _____

(NAME)

(COMPANY NAME)

(Account #)

Authorize Specs4us to charge my credit card.

Statement Date/Invoice #: _____ or all open monthly invoices (circle one)

AMOUNT \$ _____ USD. (Leave blank for monthly Authorization)

CREDIT CARD TYPE _____

CREDIT CARD # _____

Security Code (3 digit on back, AX 4 on front) _____

EXPIRATION DATE _____

DATE to process card each month _____ (Example charge card 15th of every month)

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE DATE

NOTES: