

# PRODUCT IDENTIFICATION & PROCESSING SYSTEMS, INC.

10 Midland Avenue, Ste. M-02, Port Chester, NY 10573 • (212) 996-6000 • Accounting Fax (212) 410-7754

[www.pips.com](http://www.pips.com)

## Credit Card Charge Authorization Form

### SECTION 1: THIS SECTION TO BE FILLED OUT BY CUSTOMER - PLEASE PRINT CLEARLY

\*COMPANY: \_\_\_\_\_ \*CONTACT NAME: \_\_\_\_\_  
\*MAILING ADDRESS: \_\_\_\_\_ \*EMAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\*FAX NUMBER: \_\_\_\_\_  
\*TELEPHONE NUMBER: \_\_\_\_\_ \*All new customers must provide this information.

ALTERNATE SHIPPING ADDRESS (If different from credit card billing address):

\_\_\_\_\_  
\_\_\_\_\_

\*CUSTOMER MUST NOTIFY CREDIT CARD COMPANY OF ALTERNATE SHIPPING ADDRESS PRIOR TO RETURNING FORM

Name as it appears on Card: \_\_\_\_\_

Requested By: \_\_\_\_\_ Title/Position: \_\_\_\_\_

| Card Type (Please Circle One): | Card Number                   | Exp. Date (MM/YY) |
|--------------------------------|-------------------------------|-------------------|
| Visa / MasterCard / Discover   | _____ - _____ - _____ - _____ | ___ / ___         |
| American Express               | _____ - _____ - _____         | ___ / ___         |

Charge Amount (US \$): \$ \_\_\_\_\_.

SECURITY CODE (3 or 4 Digits) : \_\_\_\_\_

Cardholder Signature/Charge Authorization: \_\_\_\_\_

**If you prefer to use this credit card for all future orders, please complete the following:**

I, \_\_\_\_\_, authorize PRODUCT IDENTIFICATION & PROCESSING SYSTEMS, INC. to use the above referenced credit card account for all future orders.

Cardholder Signature/Charge Authorization: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

### SECTION 2: THIS SECTION TO BE FILLED OUT BY PIPS PERSONNEL ONLY

Acct/Cust No.: \_\_\_\_\_ Order Date: \_\_\_ / \_\_\_ / \_\_\_

Company Name: \_\_\_\_\_ Expected Ship Date: \_\_\_ / \_\_\_ / \_\_\_

Salesperson: \_\_\_\_\_ Sales Order No.: \_\_\_\_\_ Job No.: \_\_\_\_\_

### SECTION 3: THIS SECTION FOR PIPS ACCOUNTING DEPARTMENT USE ONLY

Authorization Code/REF #: \_\_\_\_\_ Date Authorized: \_\_\_ / \_\_\_ / \_\_\_

Authorized By: \_\_\_\_\_ Invoice No.: \_\_\_\_\_

**Customer must complete section 1 only and fax back to PIPS at the Accounting Dep't fax number listed above. CARD HOLDER'S SIGNATURE -- AND THE 3 OR 4-DIGIT SECURITY CODE -- ARE REQUIRED TO PROCESS ANY CREDIT CARD TRANSACTION.**