

CREDIT CARD AUTHORIZATION REQUEST

Every field is required for authorization.

IMPORTANT: A 3% processing fee will be added to all AMEX payments.

IMPORTANT: A 2.25% processing fee will be added to all Visa/Mastercard payments.

Type of card (check one):	<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Name as it appears on card:	
Billing address:	
City, State and ZIP:	
Card Number:	
Expiration Date:	/
Verification Code:	

Apply to invoice #:	
Purchase order #:	
Sales order #:	

A receipt (the invoice with a \$0.00 balance) can be faxed or emailed to you by providing the following information.

Fax Number or Email:	
Contact Name:	

Authorized Name:	
Authorized Signature:	
Date:	

FAX TO: 925-687-7662
 EMAIL TO: HELPDESK@PACINTEGRATIONS.COM