

## CREDIT CARD PAYMENT AUTHORIZATION

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

Organization Name: \_\_\_\_\_

CCC Customer Account Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Name of person placing order (if different from above): \_\_\_\_\_

<b>Credit Card (circle one)</b>	<b>MasterCard</b>	<b>VISA</b>	<b>American Express</b>
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Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In Payment of:

<u>Invoice number</u>	<u>Amount Due</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total to charge: \$ \_\_\_\_\_

Special Handling Instructions:

 Charge total amount due Charge each invoice individually

Other Special Instructions: \_\_\_\_\_

**PLEASE DO NOT E-MAIL THIS FORM.**

(E-mail is not a safe way to send credit card numbers.)

Please fax completed form to our secure fax number.

**Accounting Dept. Fax Number: 978-750-4904**

Fax number from OUTSIDE the USA: 00 + 1 + 978-750-4904

222 Rosewood Drive Danvers, MA 0192