

**Credit Card Authorization Form**

Company Name: \_\_\_\_\_ Sales Rep.: \_\_\_\_\_

( ) VISA ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ VID Code: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Requested Shipping Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. PRI will keep all information entered on this form strictly confidential.  
By submitting this form you agree to PRI's terms & conditions (attached)