

ROBERT JAMES

C O L L E C T I O N

Credit/Debit Card Authorization Release

CONTACT INFORMATION

COMPANY NAME:

TELEPHONE NUMBER:

CARDHOLDER'S NAME:
(Please print exactly as shown on card)

FAX NUMBER:

BILLING INFORMATION

****NO THIRD PARTY CREDIT CARD PLEASE****

CARD TYPE: DEBIT CARD (NO FEE REQUIRED) CREDIT (ADD 3%, NON-REFUNDABLE FEE)

VISA MASTERCARD AMERICAN EXPRESS

BILLING ADDRESS & ZIP CODE:

CARD NUMBER:

EXPIRATION DATE:

CVC:

INVOICE INFORMATION

SALES ORDER / INVOICE NUMBER:

PO NUMBER:

AUTHORIZE AMOUNT:

EMAIL ADDRESS:
(For receipt)

CARDHOLDER SIGNATURE:

THANK YOU,
ACCOUNTING DEPARTMENT