



CREDIT CARD AUTHORIZATION FORM

PLEASE PROCESS MY ORDER FOR THE ITEM(S) LISTED AS SPECIFIED ON PROFORMA PROPOSAL/QUOTE NUMBER _____ AND CHARGE MY CREDIT CARD FOR THE ITEM(S) AS INDICATED ON THE PROPOSAL/QUOTE OR AS SHOWN BELOW.

ITEM(S) #: _____ ITEM(S) PRICE: _____

QUANTITY: _____ TOTAL(\$): _____

NOTE: DOES NOT INCLUDE ANY APPLICABLE SALES TAX AND SHIPPING COST.

BILL TO: _____ **DATE:** _____

ATTENTION: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE: _____ FAX: _____

SHIP TO: SAME AS ABOVE

ATTENTION: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE: _____ FAX: _____

I AUTHORIZED PROFORMA TO CHARGE MY CREDIT CARD INDICATED BELOW:

VISA MATERCARD AMEX OTHER _____

FOR THE ITEM(S) LISTED ON THE PROPOSAL/QUOTE NUMBER INDICATED ABOVE.

ACCOUNT #: _____ EXP. DATE ____/____/____

NAME ON THE CARD: _____

AUTHORIZED SIGNATURE: _____

PRINT SIGNATURE: _____

FOR YOUR PROTECTION, PLEASE PROVIDE THE ZIP CODE WHERE YOUR STATEMENT IS MAILED: _____

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