

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential



Company Name: _____

Invoice #(s) to be paid: _____

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Credit Card Type: Visa Mastercard American Express

Credit Card Number: _____

Expiration Date: Card Identification Number: (3 digits on the back of the CC)

Amount to Charge (USD): \$ _____

Email Address for CC Receipt: _____

I authorize Process Technology, Inc. to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to:

Jessica Oakley

Accounting Admin

Process Technology, Inc.

4084 South 300 West

Salt Lake City, UT 84017

Phone: 801-264-1114

Fax: 801-264-1181

Email: jessicao@process-tech.com