

PRODUCT IDENTIFICATION & PROCESSING SYSTEMS, INC.

436 East 87th Street, New York, New York 10128 • (212) 996-6000 • Accounting Fax (212) 348-7103

www.pips.com

Credit Card Charge Authorization Form

SECTION 1: THIS SECTION TO BE FILLED OUT BY CUSTOMER - PLEASE PRINT CLEARLY

*COMPANY: _____ *CONTACT NAME: _____
*MAILING ADDRESS: _____ *EMAIL ADDRESS: _____

*FAX NUMBER: _____
*TELEPHONE NUMBER: _____ *All new customers must provide this information.

ALTERNATE SHIPPING ADDRESS (If different from credit card billing address):

*CUSTOMER MUST NOTIFY CREDIT CARD COMPANY OF ALTERNATE SHIPPING ADDRESS PRIOR TO RETURNING FORM

Name as it appears on Card: _____

Requested By: _____ Title/Position: _____

Card Type (Please Circle One):	Card Number	Exp. Date (MM/YY)
Visa / MasterCard / Discover	_____ - _____ - _____ - _____	___ / ___
American Express	_____ - _____ - _____	___ / ___

Charge Amount (US \$): \$ _____

SECURITY CODE (3 or 4 Digits) : _____

Cardholder Signature/Charge Authorization: _____

If you prefer to use this credit card for all future orders, please complete the following:

I, _____, authorize PRODUCT IDENTIFICATION & PROCESSING SYSTEMS, INC. to use the above referenced credit card account for all future orders.

Cardholder Signature/Charge Authorization: _____

Date Authorized: _____

SECTION 2: THIS SECTION TO BE FILLED OUT BY PIPS PERSONNEL ONLY

Acct/Cust No.: _____ Order Date: ___ / ___ / ___

Company Name: _____ Expected Ship Date: ___ / ___ / ___

Salesperson: _____ Sales Order No.: _____ Job No.: _____

SECTION 3: THIS SECTION FOR PIPS ACCOUNTING DEPARTMENT USE ONLY

Authorization Code/REF #: _____ Date Authorized: ___ / ___ / ___

Authorized By: _____ Invoice No.: _____

Customer must complete section 1 only and fax back to PIPS at the Accounting Dep't fax number listed above. CARD HOLDER'S SIGNATURE -- AND THE 3 OR 4-DIGIT SECURITY CODE -- ARE REQUIRED TO PROCESS ANY CREDIT CARD TRANSACTION.