

INTELLIGENT MAILING SOLUTIONS

CREDIT CARD VOUCHER



TO BE COMPLETED BY CREDIT CARD CUSTOMER:

TYPE OF CREDIT CARD (circle one)		
VISA	MASTER CARD	AMERICAN EXPRESS
CREDIT CARD NUMBER & EXPIRATION DATE (MM/YY)		
_____ / _____		
BUSINESS NAME (please print)		
CARDHOLDERS NAME AS IT APPEARS ON THE CREDIT CARD (please print)		
Billing Address (please print)		
Zip Code _____		
Cardholder acknowledges ordering goods or services in the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the card's issuer.		
Authorized signature of Cardholder		

PLEASE FAX THIS CREDIT CARD VOUCHER TO OUR OFFICE, AFTER COMPLETION:

FAX # Brecksville (440) 546-7819, Columbus (614) 583-8768, Toledo (419) 861-8190

FOR OFFICE USE ONLY

ORDER PROCESSED BY	TRANSACTION AMOUNT	APPROVAL #	DATE OF APPROVAL

IF THERE ARE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL (888) 467-8699.