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# Credit Card Authorization Form

Authorization for Credit Card Charges with Card Not Present

**\*REQUIRED FIELDS**

\*Company Name:  \*Today's Date:

\*Name on Card:  \*Position:

\*Last 4 Digits of CC:  \*CVV:

\*Expiration Date:  \*Credit Card Type:

\*Billing Address:

\*City:  \*State:  \*Zip:

\*Shipping Name:

\*Shipping Address:

\*City:  \*State:  \*Zip:

\*Total Amount (USD\$):  \*Invoice #:

Total amount may not reflect shipping costs. Shipment will be insured and signature will be required unless stated otherwise.

Shipping Method:  Prepaid & Add  Freight Collect  Pick Up

Carrier:  Shipping Method:

Shipment Insured?:  Yes  No Collect Account # (If Freight Collect):

Residential?:  Yes  No

I authorize Precision Zone Inc. to charge my Credit card. I fully understand that this document is legal and binding, and that I am fully responsible for paying all money due to Precision Zone Inc. via my credit card (number listed above). An additional 3.5% charge will be applied for international credit cards. I understand this form will be sent via fax or e-mail to verify all information. By signing below you agree to all of the terms and conditions described on <http://www.precisionzone.net/home/terms>. I am aware of all of the above and my signature acts as your authority to process this charge via my credit card.

**Fields marked with an (\*) are required, please make sure you have filled in all necessary fields.**

\*Credit Card Holder's Signature \_\_\_\_\_