



Credit Card Authorization Form

Bill To:

Company Name		Name on Card		
Billing Address		City	State	Zip
Email		Tel.		
Payment Authorization:				
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Amex	
Card Number		Exp Date	Amount US\$	Design / Quote #
.....	
CCV Security Code (3 or 4 digits)		 		
.....				

Ship To: same as billing

Company Name		Contact Name		
Shipping Address		City	State	Zip

CONFIDENTIAL

I hereby authorize InterPro, LLC DBA InterMats to charge this credit card for the amount listed above. I agree that I will pay for the purchase and indemnify and hold InterPro, LLC DBA InterMats harmless against any liability pursuant to this authorization. I understand that my signature in this form will serve as an authorized signature on the credit card charge slip.

FAX COMPLETED FORM TO: 1-305-471-7582

Name:	Signature:	Date: