


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\$	<u>Design/Quote #</u>	
.....	
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 InterMats to charge this credit card for the amount listed above. I agree that I will pay for the purchase and indemnify and hold 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.

IMPORTANT

By signing below you are in acceptance of our terms and conditions. To review our terms and conditions [click here](#).

Name:	Signature:	Date:

FAX COMPLETED FORM TO: 954-281-5442