

CREDIT CARD TRANSACTION

CARD HOLDER NAME & BILLING ADDRESS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CONTACT NAME _____

PAYMENT AMOUNT AND ALLOCATION

P.O. #	INVOICE #	AMOUNT \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL PAYMENT \$		_____

PAYMENT AUTHORIZATION

MASTER CARD VISA AMERICAN EXPRESS DISCOVER

CARD NUMBER _____ SECURITY CODE _____

EXPIRATION DATE _____

AUTHORIZED SIGNATURE _____ DATE _____

I HEREBY AUTHORIZE PHOLIO CO. TO ACCEPT THE INDICATED CREDIT CARD FOR PAYMENT OF THE ABOVE REFERENCED PURCHASE ORDER(S) AND/OR OPEN INVOICE(S). I AGREE THAT SHOULD THERE BE SHIPPING DAMAGE OR ANY DISPUTE, I WILL WORK DIRECTLY WITH PHOLIO CO IN LIEU OF REVERSING THE CHARGES ON THIS CREDIT CARD PAYMENT.