

# PRINTED SYSTEMS

## Credit Card Information

Sales/Customer Service Rep: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 Number \_\_\_\_\_

(Mastercard or Visa – additional 3 - 4 digit number on the back of the card in the signature panel. American Express – additional 4 digit number on the face of the card. If this does not match, transaction will be declined.)

Card Member Name \_\_\_\_\_

(THIS WILL NOT BE THE COMPANY NAME. A PERSONS NAME IS REQUIRED. IF NO NAME APPEARS ON THE CARD AN AUTHORIZED PURCHASER'S NAME IS REQUIRED.)

Person Authorizing Transaction \_\_\_\_\_

(First and last name required)

Billing Address for Credit Card \_\_\_\_\_

(P.O. Box or Street address – city and state are not required. If this does not match, transaction will be declined.)

Zip Code \_\_\_\_\_

SSP/PS Account Number: \_\_\_\_\_

Invoice/Order Number(s): \_\_\_\_\_

(If more than one order is included in this transaction, list each order number & amount to be charged separately.)

Invoice /Order Total (s): \$ \_\_\_\_\_

Additional Processing Fee +5%: \$ \_\_\_\_\_

Total Amount to be Charged: \$ \_\_\_\_\_

If you would like a receipt emailed please provide email address \_\_\_\_\_

**All information must be *completed in full and legible* for transactions to be processed.**

**Transaction will appear on customers statement as Special Service Partners, Inc., Toledo, OH.**