

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.**