

Please complete all requested information and fax back to (619) 258-0732, Attention A/R Dept.



**The Inflation  
Marketplace**

1810 Gillespie Way Suite 202  
El Cajon, CA 92020 USA  
Phone (800) 728-4466 or (619) 258-4466  
Fax (619) 258-0732

## CREDIT CARD PAYMENT AUTHORIZATION

(Visa, MasterCard or American Express)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Fax Number ( \_\_\_\_ ) \_\_\_\_\_

### Credit Card Information (please print all information except for signature line)

Name as it appears on credit card \_\_\_\_\_

Credit card billing address \_\_\_\_\_

city / state / zip code \_\_\_\_\_

Billing address phone number( \_\_\_\_ ) \_\_\_\_\_

Credit card number \_\_\_\_\_

CVV Code \_\_\_\_\_

Expiration date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total charge \$ \_\_\_\_\_

Purchaser's Signature \_\_\_\_\_

Cardholder hereby authorizes the above total amount to be charged to the above credit card and agrees to pay according to card issuer agreement.

This authorization is for the amount indicated above only. Any subsequent charges will need a new Credit Card Payment Authorization to be completed.

*To Be Completed By The Inflation Marketplace Accounting Department*

Job # \_\_\_\_\_ AE \_\_\_\_\_

Invoice # (s) \_\_\_\_\_