



295 North Street, Teterboro, NJ 07608
 201-375-4744 ● fax 201-288-1034
 Toll Free: 888-588-1024

Credit Card Order / Authorization Form

Instructions: Print this form and fill in the required information: This form must be signed. Fax this completed form to Projectiondesign LLC 201 288-1034

Name on Credit Card: _____

Company: _____

Credit Card Billing address: _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

End User Reseller Active Project No Yes Project Name _____

Contact Name: _____ Title _____ Phone # _____

Quantity	Part #	Description	Unit Cost	Extended Cost
			Subtotal	
			Shipping	
			Total Due	

Payment Information:

Mastercard Visa AMEX Card # _____

Sec. Code _____ Expiration Date _____ Print Cardholders Name _____

I AGREE TO PAY THE ABOVE TOTAL AMOUNT TO CARD ISSUER AGREEMENT. I AGREE TO PROJECTIONDESIGN LLC's "TERMS AND CONDITIONS" AS OUTLINED ON THE ATTACHED FORM.

ALL CREDIT CARD SALES ARE FINAL

Signature of Cardholder: (Required) _____

Signature authorizes Projectiondesign to charge the credit card account for the listed total amount shown plus shipping costs and any applicable sales taxes. Sales taxes in NJ must be charged unless accompanied by a current resale certificate and exemption form.

Product will not be shipped without an authorized signature.