

Panamorph Sales Management

1880 Office Club Pointe

Suite 3000

Colorado Springs, CO 80920

A Division of Panamorph, Inc.

Credit Card Information Form

Date of Authorization: _____

Contact Person: _____

Title: _____

Company Name: _____

Phone: _____ Cell: _____

Email: _____

Authorization to Charge Credit Card:

Card Type: _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Expiration Date (Month/Year): _____ Sec. Code (3 Digits on back of card): _____

Invoice Number: _____ Total Amount: _____

By signing below, cardholder expressly authorizes Panamorph Sales Management to charge the credit card entered above.

Fax this form to 866-593-8798

Cardholder Signature: _____

Date: _____