



Credit Card Charges Authorization Request Form

DUE TO THE SENSITIVE NATURE OF THIS INFORMATION DO NOT EMAIL THIS FORM OR THIS INFORMATION.

Print this form and complete by hand or use the provided fields. Once complete fax to FreshRobot at 828.324.1268.

SENDER INFORMATION

Your Name	<input type="text"/>
Company	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

CREDIT CARD INFORMATION

Type Of Card	<input type="text"/>
Card Number	<input type="text"/>
Expiration Date	<input type="text"/> (Format:oo/oo)
PIN Number	<input type="text"/> (3 or 4 Digit Number on Back of Card)

Name On Card	<input type="text"/>
Company Name	<input type="text"/>
Billing Address	<input type="text"/>
City, State, Zip	<input type="text"/> <input type="text"/> <input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Comments	<input type="text"/>

If you have any questions contact FreshRobot at 828.324.1298.

CONFIDENTIALITY NOTICE

This information is intended only for the above addressee. It may contain sensitive or privileged. If you have received this information in error please destroy it immediately and notify the sender.