

PAYMENT & CREDIT CARD CHARGE AUTHORIZATION

CALCULATION OF ORDERS

COMPANY NAME _____ DATE _____

ORDER #	TOTAL
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL PAYMENT AMOUNT	<input type="text"/>

AUTHORIZATION INFORMATION

MASTERCARD  CORPORATE
 VISA  PERSONAL
 AMEX 

WE **MUST** HAVE YOUR COMPLETE ADDRESS BELOW AND THIS **MUST** MATCH THE BILLING ADDRESS FOR THE CREDIT CARD BEING USED.

 CARDHOLDERS NAME (PLEASE PRINT)

 CARDHOLDERS BILLING ADDRESS

 CITY STATE ZIP

 CARDHOLDERS SIGNATURE

CARD NUMBER
 - - -

EXPIRATION DATE

V-CODE
 V-CODE IS THE 3 OR 4 DIGIT SECURITY CODE LISTED ON THE BACK OF YOUR CARD.

SIGNING THIS FORM AUTHORIZES EMBLEMAX TO CHARGE CREDIT CARD FOR TOTAL AMOUNT SHOWN. EMBLEMAX WILL USE CARD FOR THIS TRANSACTION ONLY, UNLESS APPROVED VIA FAX OR IN WRITING FROM THE CARDHOLDER.