



1287 Barclay Boulevard, Buffalo Grove, IL 60089

Phone: (847) 229-0250 Fax: (847) 229-0259 Web: www.visiplex.com

Instructions

1. Form should be filled in using **Microsoft Word** or **Adobe Acrobat** (for pdf versions). Use TAB key to move to next field, SHIFT+TAB to move to previous field.
If Microsoft Word is not available, you can download and use the Word Viewer free software (go to www.microsoft.com and search for Word Viewer) or use a typewriter only.
2. All highlighted Italic font fields are mandatory. Your card cannot be processed without the information required in these fields.
3. Submit a legible, completed and signed form via email to your Visiplex sales representative or fax to **847-229-0259**.

Credit Card Authorization Form

<i>Visiplex Reference Type:</i>	<input type="checkbox"/> Invoice <input type="checkbox"/> Sales Order <input type="checkbox"/> Sales Quote <input type="checkbox"/> Delivery Doc				
<i>Visiplex Reference Number:</i>					
<i>Charge Amount (USD):</i>					
<i>Card Holder Name (please print):</i>					
<i>Card Number:</i>		<i>Exp. (MM/YY):</i>		<i>Security Code:</i>	
<i>Card Billing Address:</i>					
<i>City:</i>		<i>State / Province:</i>		<i>Zip Code:</i>	
The above named organization and/or individual hereby accepts the terms and conditions of the Visiplex document referenced above and authorizes Visiplex to charge the above credit card accordingly.					
<i>Card Holder Signature:</i>				<i>Date:</i>	