



| |
|---|
| <input type="checkbox"/> Discover |
| <input type="checkbox"/> Visa |
| <input type="checkbox"/> Master Card |
| <input type="checkbox"/> American Express |

Date: _____ PO Number: _____

Name / Company Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Ship To/ Blind Ship To: _____ Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax: _____

Credit Card Number: _____ Exp Date: _____

Card Holder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

X

Signature of the card holder authorizing IntraServe Systems, Inc. to use Credit Card

Purchase/Repair Amount: **\$** _____

Sales Tax: **\$** _____

Shipping Charges: **\$** _____

Total Amount to be Charged **\$** _____

| |
|--|
| Office Use: Authorization Code: _____ |
|--|