



Please send back this complete form to fax (786) 513 3360, including Credit Card and ID  
Or Send to POS OF AMERICA  
4753 NW 97 Place  
MIAMI, FL 33178

### CREDIT CARD AUTHORIZATION FORM

#### CUSTOMER INFORMATION

COMPANY NAME: \_\_\_\_\_

#### CREDIT CARD INFORMATION

CREDIT CARD TYPE (circle one)

VISA    MASTERCARD    AMEX    DISCOVER

NAME AS IT APPEARS ON THE CARD: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV2 (See Above) \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

AMOUNT OF PURCHASE: \_\_\_\_\_

CARD HOLDER SIGNATURE: \_\_\_\_\_

By signing form cardholder authorizes POS OF AMERICA to debit the credit card information shown above.  
Cardholder also acknowledges that the information shown above is true and correct.

#### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Invoice #: \_\_\_\_\_

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