

Payment Authorization Form

CONFIDENTIAL



1 COMPANY/ORG NAME:

NAME ON CARD:

BILLING ADDRESS:

CITY: STATE: ZIP:

2 BILLING PHONE NUMBER: PAY BY: CREDIT CARD CHECK WIRE OTHER

CREDIT CARD TYPE: VISA  MASTERCARD  AMEX  Discover 

CREDIT CARD NUMBER: EXPIRY DATE (M / Y): VERIFICATION NUMBER:
(Full Number, no spaces or dashes) (3-digit CVV for VISA/MC, 4-digit CID for AMEX)

AMOUNT: (US dollars)

I AUTHORIZE ELECTIONMALL TECHNOLOGIES TO CHARGE MY CREDIT CARD FOR ANY MONTHLY SUBSCRIPTIONS AGREED UPON.

3 SEND RECEIPT TO (please check preference):

E-MAIL: FAX:

I, authorize ElectionMall™ Technologies, Inc. to charge my credit card listed above, accept payment by check, or perform a wire transfer to ElectionMall in the amount of:

4 THIS PAYMENT IS FOR (please check one):

100% Payment in full 50% deposit % deposit

Balance due prior to delivery (freight, additional charges, overs etc.)

5 THIS PAYMENT IS IN REGARDS TO (please check preference):

DATA GOT EMAIL GOT CALL GOT DIRECT MAIL GOT FAX FUNDRAISING WEBSITE

OTHER

THIS DOCUMENT IS CONFIDENTIAL

BY SIGNING THIS FORM I ACKNOWLEDGE THAT I HAVE READ AND ACCEPT THE TERMS OF SERVICES FOUND ON WWW.ELECTIONMALL.COM.

I UNDERSTAND THAT IN THE EVENT THAT MY CREDIT CARD CHARGE IS DECLINED BY THE ISSUER OF THE CARD, FULFILLMENT MAY BE PLACED ON HOLD UNTIL OTHER PAYMENT ARRANGEMENTS CAN BE MADE.

SIGNATURE: _____ DATE: M / D / Y _____

PLEASE FAX 1.866.464.3502 OR EMAIL billing@electionmall.com. THANK YOU FOR YOUR BUSINESS to obtain a copy of ElectionMall's Terms and Conditions, please visit www.electionmall.biz/_legal_Center.asp