

Credit Card Payment

Please return via e-mail.



Card Type: MC VISA Card Number: _____

Expiration Date: _____ Security Code: _____
MONTH YEAR

Invoice Amount*: _____ Company Name: _____

Name on Card: _____

Billing Address: _____

City: _____ Province/State: _____ Postal Code/Zip: _____

Shipping Address: _____

City: _____ Province/State: _____ Postal Code/Zip: _____

Shipping: PROTO3000 FEDEX (ADDITIONAL CHARGES) CUSTOMER METHOD

Customer Phone Number: _____

Shipping Information: COURIER: _____
(FOR CUSTOMER METHOD ONLY) ACCOUNT #: _____

Customer Signature: _____ Date: _____

Customer Approval: _____ Date: _____
(REPETITIVE CHARGE)

TO BE COMPLETED BY FINANCE	
Rep Name: _____	Transaction #: _____
Date Info Received: _____	Date Entered with Bank: _____

*All transactions over \$2,000 (before tax) will be charged a 3% processing fee.