INTEGRAL MARKETING
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Credit Card Authorization Form

COMPANY NAME	TRADE NAME		
BILLING ADDRESS	CITY	STATE	ZIP
SHIPPING ADDRESS	CITY	STATE	ZIP
**IS SHIPPING ADDRESS A BUSINESS RESIDENTIAL LOCATION?			
PHONE	FAX	EMAIL	
CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP		DATE ESTABLISHED	
SALES TAX I.D. #	STATE		
FEDERAL TAX I.D. #	SOCIAL SECURITY NO.		
OFFICERS: PRESIDENT	TREASURER		
OWNER(S):	BUYER		

CREDIT CARD INFORMATION

I hereby authorize Integral Marketing to charge my:

Visa Card # _____ Exp: _____

Master Card Card # _____ Exp: _____

American Express Card # _____ Exp: _____

Cardholder Signature _____

I (we) certify that the foregoing information is true and correct to the best of my knowledge and that I (we) will pay when due in accordance with your terms and will abide by conditions as set forth of the face of the application.

Billing address MUST MATCH shipping address in order for credit card payments to process.

Date _____

Cardholder Name _____ Billing Address _____

City _____ State _____ ZIP _____

INTEGRAL MARKETING USE ONLY

S.I.D.: _____ SHIPPING _____ P.C.D.: _____ DATE _____

TYPE OF CHECK _____ MICRONUMBERS _____

NOTES _____

ACCOUNT NUMBER _____

APPROVED BY: SALES MGR. CREDIT MGR. OUTLOOK ML BY