



CREDIT CARD FORM

PSCOPE, INC.
5057 Thomas Ave South
Minneapolis, MN 55410
612-929-6100 Voice
612-929-6106 Fax
Email: supplies@pscop.com

Date: _____

Enter Card Type (Visa/Mastercard): _____

Enter Name (as it appears on card): _____

Enter Card Number: _____

Enter Expiration Date: _____

Three Digit Security Code: _____

Card Holder Sign Here: _____

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL subject to and in accordance with this agreement governing the use of such card.

Qty	Description	Unit Price	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Subtotal	_____
		Freight	_____
		Total	_____

Credit Card Billing Address: _____

Company Name: _____

Salesperson Name: _____ Email: _____

Accounting Contact: _____ Email: _____

Telephone #: _____ Fax #: _____

Must Fax this page to Pscope Accounting at 612-929-6106