



Please Print Clearly

## Credit Card Authorization by Fax

TO:

FROM:

COMPANY:

DATE:

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

Credit Card Authorization

Please accept this document as authorization for Spectre Sonore to charge my credit card in the amount of \$ \_\_\_\_\_.

Quote or Order Number: \_\_\_\_\_

Charge Card Type:  VISA  M/C

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

- **Note: This form must be accompanied by a legible copy of the front and back of the credit card.**