



Request for Credit Card Authorization

Date _____

Company _____

Contact Name _____

Email address _____

Please fill out the following credit card authorization form and email or fax to: Christa Vawryk at: accounting@ivsonline.com or 813-438-5945.

Name as it appears on card: _____

Credit Card Type: _____ Expiration Date: _____

Credit Card Number: _____ 3 or 4 Digit Code: _____

Card Authorization Signature: _____ Date: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

If you would like to keep a blanket credit card authorization form on file please complete below:

I, _____, authorize Innovative Vacuum Solutions to retain this credit card for purchases made for all future transactions.

Customer Signature

Date



INNOVATIVE VACUUM SOLUTIONS

Pelham, NH - 800 • 441 • 6825
Fax: 603 • 635 • 1486

Easton, PA - 800 • 786 • 8330
Fax: 610 • 923 • 7461

Thonotosassa, FL - 855 • 466 • 6822
Fax: 813 • 438 • 5945