

CREDIT CARD PAYMENT AUTHORIZATION

Date: _____

Organization Name: _____

CCC Customer Account Number: _____

Cardholder's Name: _____

Phone Number: _____ Cardholder's Signature: _____

Name of person placing order (if different from above): _____

Credit Card (circle one)	MasterCard	VISA	American Express
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Credit Card #: _____ Expiration Date: _____

In Payment of:

<u>Invoice number</u>	<u>Amount Due</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total to charge: \$ _____

Special Handling Instructions:

 Charge total amount due Charge each invoice individually

Other Special Instructions: _____

PLEASE DO NOT E-MAIL THIS FORM.

(E-mail is not a safe way to send credit card numbers.)

Please fax completed form to our secure fax number.

Accounting Dept. Fax Number: 978-750-4904

Fax number from OUTSIDE the USA: 00 + 1 + 978-750-4904

222 Rosewood Drive Danvers, MA 0192