



P.O. Box 337406
North Las Vegas, NV 89033
phone 702.456.3340
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PPS Credit Card Authorization Form

Please type or print in capital letters:

Type of Card: Visa Master Card American Express Discover/NOVUS

Name as it appears on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____ / _____

Charge Amount (in US Dollars): \$_____ PPS Invoice #: _____

Credit Card Billing Address (where statements are sent to):

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

I, _____, hereby certify that I am authorized to use above credit card and authorize **Pro Products Sales** to charge indicated amount in **US funds** to the credit card information provided.

Signature

Print Name

Date

Note:

Please attach a photocopy of the front and back of the credit card used as well as a copy of your driver's license for verification purpose.

Thank you for your order.

Pro Products Sales