

# Personal Systems Services, Inc.

## Credit Card Charge Authorization

By providing this information, you are authorizing PSSI to charge your credit card for the amount specified below. All information is confidential between PSSI and the credit card holder and will only be used to process this transaction. Nothing will be provided to any other party except as required by law.

After filling in this information, you must click on "File, Save as" and save the form in a folder such as "My Documents". **If you don't do this, your changes won't be saved!** Then e-mail [JWhatley@PSSI-us.com](mailto:JWhatley@PSSI-us.com) (or reply to PSSI's E-mail) **attaching the form containing your information.**

Link to update Acrobat Reader: <http://get.adobe.com/reader/>

Enter your **credit card billing information** (*must be the same information as your credit card statement*).

**\*required**

**\*Card holder Name**

Organization

**\*Street Address 1**

Address 2

**\*City**

**\*State/Province**

Zip (5 digits)

Country

Contact Phone

Other Phone

**\*E-mail**

**\*Credit Card Type**

**\*Card Number**

(numbers without spaces or dashes)

**\*Expiration Date (mo/year xx/xxxx)**

**Card Validation Number**

(3 or 4 digit number on back of card)

Date Charge Authorized

**Amount to charge:**

**Reason for charge (reference):**