



# Purchasing Credit Card Processing Form

To: Fixeon Sales Dept. Fax# 512-918-1733

From: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Item Description	Quantity	Price (\$USD)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<b>Total</b>	_____

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

CC Type: MC / Visa / AMEX / Discover

Name on Credit Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_