



Credit Card Authorization Form

Please note that a 4% Convenience Fee will be added to the Invoice amount.

Quote #: _____	Quote or Invoice Amount: \$ _____			
Invoice #: _____	4% Fee: \$ _____			
Email to: brenda@barcelonaequipment.com	Total \$ _____			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Customer Name: _____	Email Receipt to: _____			
Cardholder Name (as shown on card): _____				
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Expiration Date (mm/yy): _____	Card Verification No: _____			
Street Address (from credit card billing address): _____				
Zip Code (from credit card billing address): _____				

IF THE INVOICE AMOUNT EXCEEDS THE QUOTED AMOUNT, I UNDERSTAND THAT I WILL BE CHARGED FOR THE DIFFERENCE.

I hereby authorize Barcelona Equipment, Inc., to charge my credit card for fees and/or services for work performed. I am acknowledging that I am the authorized user of the credit card number above.

Signature

Date