



Thank you for your business. Please complete this form with the information that our credit card processing company requires us to have on file in order to process transactions with written or verbal approval. Once form is complete, please fax to FPA @ (954) 776-5425 (Accts Receivable)

Date:

Name on Card:

Phone:

Company Name:

Fax:

Card billing Address:

E-Mail:

Shipping Address:

Card Type  Visa

Account #:

Mastercard

V-Code:

AMEX

Exp. Date:

Amount

By signing this form, I certify that the above statements and information are true and correct. I also authorize FPA (Florida Purchasing Agency) to charge my card for goods and service provided exclusive of a 4% convenience fee.

Title:

Signature:

Type of Authorization required:  Verbal

Written

Purchase Order

**Fort lauderdale Office**

262 Commercial Blvd

Ft lauderdale Florida 33308

[fpa@floridapurch.com](mailto:fpa@floridapurch.com)