

# P. MICHAEL, INC.

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## Credit Card Authorization Form

*(Complete the information and fax it to the number listed above.  
Your order will not be processed until we receive this information.)*

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

### Cardholder Information

Name (as it appears on card) : \_\_\_\_\_

Billing Address: \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type :

- Visa
- Mastercard
- Am. Express

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

*(i.e. 01/2012)*

Credit Card # :

\_\_\_\_\_

CVV # : \_\_\_\_\_

*(The CVV is the 3 digit number on the back of your card)  
Note: In the case of AMEX the CVV is the 4 digit number  
on the front of the card.*

### Please check all boxes

I hereby authorize to process my order PO# \_\_\_\_\_ .

I agree that I will not initiate any dispute on this charge in the future, for the reason of  
"No Cardholder Authorization".

I will provide with copy of proof of identity and ownership of credit card upon request.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date