

Precision

Document Services

Credit Card Billing Information

Please fax this form to 408-292-2175

Credit Card Type: _____

Credit Card Numbers: _____

Expiration Date: _____

ID number (Amex is 4 digits on the front, top right) _____

Billing Address: _____

City: _____

State: _____ Zip Code _____

Company Name: _____

Contact: _____

Cell/Office Phone: _____

Comments/Delivery Info: _____

Authorized By: _____

Your Name

20 Post Street | San Jose, CA | 95113

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