



## Advantage Technologies Credit Card Form

Please complete all fields below and sign the bottom to authorize use of credit card for purchase from Advantage Technologies.

**Name on Credit Card:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

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

**Credit Card Billing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ship To Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Invoice or Estimate Number:** \_\_\_\_\_

**Please bill this credit card in the amount of \$** \_\_\_\_\_

**My company is Tax Exempt. This is our Tax Exempt Number:** \_\_\_\_\_

*(Please provide your tax exempt certificate if your organization is tax exempt)*

*Applicable Sales Tax and Shipping & Handling will be applied to this total and charged to the above credit card. Please contact your Advantage Technologies representative if a final total is required.*

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax this completed form to 212-710-5099 and your order will be processed as soon as possible.**

**Thank you!**