

# ICAPA -- CREDIT CARD AUTHORIZATION FORM

A 4.5% Convenience fee will be added to all credit card charges.

## ORDER Information

Invoice # \_\_\_\_\_

Description \_\_\_\_\_

## BILLING Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

**Billing** Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## **PAYMENT** Information – **Please Print Clearly**

(Accepted payment method – Visa, Mastercard, American Express, Discover, Diners Club, JCB.)

Card Number \_\_\_\_\_

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

Amount \_\_\_\_\_

Card Code \_\_\_\_\_