



# Credit Card Form

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

Thank you for your recent order. In order to process your credit card payment promptly, please completely fill out the following form and fax it back to Touch International at (512) 491-6381.

<b>CREDIT CARD INFORMATION</b>			
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD	
<input type="checkbox"/> AMERICAN EXPRESS			
Credit Card Number:			
Expiration Date:		VID Code (Back of Card):	
<b>CREDIT CARD BILLING ADDRESS</b> (AS APPEARS ON CREDIT CARD STATEMENT)			
Company Name:			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
<b>SHIPPING ADDRESS</b>			
<input type="checkbox"/> IF SAME AS BILLING ADDRESS			
Company Name:			
Primary business address:			
City:		City:	City:
How long at current address?			
Telephone:	Telephone:	Telephone:	
<b>AMOUNT OF PURCHASE</b>			
Written:			
Numeric:			
Date of Charge:			
<b>CARD HOLDERS SINGATURE</b>			
Name as Appears on Card:			
Signature:			Date: