

Credit Card Payment Form

Please print out this Credit Card Payment Form, fill out the requested information, and fax the completed form, along with a copy of both sides of your credit card, to your ProFix Representative.

Authorization

I authorize ProFix IT to charge the credit card referenced below for recurring payments for service, and if needed, for parts including any applicable shipping and sales tax:

First Name:		Date of Purchase:	
Last Name:		ProFix Service Number:	
Company Name:		Job title:	
Credit Card Billing Address:			
City:			
State:		Zip Code:	
Phone:		Email:	
Check Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card Number:		Expiration Date:	
Name as it appears on Card:		Number on back of Card:	
Date of Signature:	Signature:		