

# Essex Sales & Marketing Group, Inc

Fax: 877-533-7739, credit dept. Phone : 877-923-7739 X 1

## VISA/Mastercard/Am Exp Authorization form

Bill to customer name/address:	Account name & number with Springs:
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex Card#	
Name on card:	Expiration date:

I hereby authorize Essex Sales & Marketing Group, Inc to pay the invoices listed below with my Visa/Mastercard/Am Express

\_\_\_\_\_ Cardholder signature and date

IF you want a receipt of this transaction, please provide your fax # \_\_\_\_\_

*Credit card payment is to be used for current invoices old invoices or future orders.*

Invoice number	Invoice amount	Amount paid
<b>Total charged:</b>		

Please include explanations for any deductions from the invoice total.