



95 Brown Rd. #102, Ithaca, NY 14850. Ph: 607 257 1784 Fax: 607 266 0168

## Credit Card Payment Authorization

I Comments: Please fill out the form and e-mail to [billing@matereality.com](mailto:billing@matereality.com) or Fax: 607 266 0168

Client Name:	Invoice #:
_____	
Invoice Amount:	_____
Cardholder Name:	_____
Billing Address:	_____
City, ZIP:	_____
Credit Card Type:	<input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number:	_____
Verification Number:	(3 numbers taken from the back of the card)
Exp Date:	_____
Phone:	_____
Order Date:	_____
Signature:	_____

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