



**POWER TRUE SYSTEMS CORP.**

**Credit Card Payment Form**

P.O. Box 270757

Tampa, Florida 33688

Tel: 813-969-2951 Fax : 813-961-8303

I authorize Power True Systems Corp. ( PTS-Tech ) to charge the invoices to the following credit card account.

**Please fill in the address below you would like all invoices mailed to :**

|                         |  |                         |  |
|-------------------------|--|-------------------------|--|
| <b>Company :</b>        |  | <b>Phone :</b>          |  |
| <b>Address 1:</b>       |  | <b>Fax :</b>            |  |
| <b>Address 2:</b>       |  | <b>Federal ID No :</b>  |  |
| <b>City / St. / Zip</b> |  | <b>Contact E-Mail :</b> |  |
| <b>Contact Name :</b>   |  |                         |  |

Are you exempt from Florida Sales Tax ? YES / NO ( circle one )

If Yes , a FL Tax Certificate must accompany this form or you will be charge sales tax ---- no exceptions !

**Below is the credit Card Account I would like PTS-Tech to charge all invoices to : Visa - MasterCard - Amex ( circle one )**

|   |   |
|---|---|
| <b>Credit Card Number :</b>   | <b>Expiration Date :</b><br>----- / -----                   |
| <b>Cardholder's Name :</b>  | Please print name exactly as it appears on the credit card. |
| <b>Cardholder's Signature :</b>   |   |
| <b>Cardholder's Billing Address :</b><br>[ street address / city / state / Zip ]<br>( only complete if different than above billing address ) |   |

**PLEASE COMPLETE THIS ENTIRE FORM & FAX BACK TO OUR SECURE FAX NUMBER: 813 - 961 - 8303**