



POWER TRUE SYSTEMS CORP.

Credit Card Payment Form

P.O. Box 270757

Tampa, Florida 33688

Tel: 813-969-2951 Fax : 866-478-8014

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 :

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

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)

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

PLEASE COMPLETE THIS ENTIRE FORM & FAX BACK TO OUR SECURE FAX NUMBER: 866 - 478 - 8014