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OCERIS Credit Card Authorization Form

Instructions

Please fill out the information completely. If you have any questions, please don't hesitate to contact your OCERIS sales representative. All information on this form will be kept strictly confidential.

How to send it to OCERIS, Inc.

OCERIS highly recommends faxing completed form to our 24 hour secure fax at 256.881.1110. Please DO NOT email this information in any form.

Type of Credit Card	Visa	MasterCard [Discover	American Express
Name as Appears on Card				
Credit Card Number				
Credit Card Namber				
Expiration Date				
Billing Address				
must match address on-file with				
credit card company				
Phone Number				
must match on-file number				
Security Check Digits				
3 digits on back of Visa, Discover, and Master Card – 4 digits on front of				
American Express				
·				
Please sign below				
Signed	Prir	it Name		Date