



PRECISION CORPORATE SERVICES, INC.

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**CREDIT CARD PAYMENT INFORMATION SHEET**

**Name on card:**

**Billing Address:**

(City, State, Zip Code)

**Credit Card #:**

VISA  or MASTERCARD  or American Express

**Expiration Date:**    /

(month/year)

**Security Code:**

(3 digit # on back of card for VISA & MASTERCARD, 4 digit code for AMEX)

**Precision Corporate Services Invoice #:**

(or enter brief description of payment below)

**Amount Authorized: \$**

I hereby authorize Precision Corporate Services, Inc. to charge the above credit card the Amount Authorized listed above.

**Date:**

\_\_\_\_\_  
Cardholder Signature

This form may be returned to PCS via email ([orders@precisioncorp.com](mailto:orders@precisioncorp.com)) or fax (617-227-0178), or by secure upload by using the "Place An Order" function at [www.precisioncorp.com](http://www.precisioncorp.com)

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EMAIL: [orders@precisioncorp.com](mailto:orders@precisioncorp.com)

P.O. BOX 960141, BOSTON, MA 02196 • (617) 227-2276

[WWW.PRECISIONCORP.COM](http://WWW.PRECISIONCORP.COM)