

office furniture plus

CREATE • SPECIFY • FURNISH • START-UP / MID-MARKET

Credit Card Payment Authorization

In payment of Furniture Solutions Now invoice # _____

I, _____, a duly authorized agent / employee of _____ authorize the credit card payment of \$ _____ for services rendered as indicated by Furniture Solutions Now.

Our firm uses cash discounted pricing. Other than gvmt entities, you must include a 4% credit card fee if choosing to pay by credit card.

Visa CV2 (3 digit code) _____

Master Card CV2 (3 digit code) _____

American Express CV2 (4 digit code) _____

Card Number: _____

Expiration Date: _____

Billing Address:

Signature of Authorized Agent

Phone Number

Email Address

Fax Number

Date

Please email this completed form to

fsnccpayment@tospartners.com

*a receipt will be emailed to you for your records