



CREDIT CARD BILLING AUTHORIZATION FORM

CREDIT CARD BILLING INFORMATION:	
Company Name/DBA:	Pi Beta Phi
Authorized Signer:	Jane Guerrini
Credit Card Type:	Visa <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover / Novus <input type="checkbox"/> Other, please specify:
Credit Card Number:	4554 9006 0029 7443
Enter CVC number:	Last 3 digits from the back of card: 892
Expiration Date:	9/20
Billing Address:	7032 Lupton Dr.
City:	Dallas
State/Province:	TX
Zip/Postal Code:	75225
Country:	U.S.A.
Phone Number:	214-73-3740
Fax Number:	
PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:	
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Acrobat Outsourcing's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to leni@acrobatoutsourcing.com.</p> <p>Changes in the status of this card can also be reported to leni@acrobatoutsourcing.com.</p>	

Authorized Signature: _____

Date: _____