

# Acrobat

outsourcing

## CREDIT CARD BILLING AUTHORIZATION FORM

| CREDIT CARD BILLING INFORMATION:  |   |
|---|---|
| Company Name/DBA:   | <i>Pi Beta Phi</i>  |
| Authorized Signer:  | <i>Jane Guerrini</i>  |
| Credit Card Type:   | Visa <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/><br>Amex <input type="checkbox"/> Discover / Novus <input type="checkbox"/><br>Other, please specify: |
| Credit Card Number:   | <i>4554 9006 0029 7443</i>  |
| Enter CVC number:   | Last 3 digits from the back of card: <i>892</i>   |
| Expiration Date:  | <i>9/20</i>   |
| Billing Address:  | <i>7032 Lupton Dr.</i>  |
| City:   | <i>Dallas</i>   |
| State/Province:   | <i>TX</i>   |
| Zip/Postal Code:  | <i>75225</i>  |
| Country:  | <i>K.S.A.</i>   |
| Phone Number:   | <i>21473-3740</i>   |
| Fax Number:   |   |
| PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:   |   |
| 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 <a href="mailto:leni@acrobatoutsourcing.com">leni@acrobatoutsourcing.com</a> . |   |
| Changes in the status of this card can also be reported to <a href="mailto:leni@acrobatoutsourcing.com">leni@acrobatoutsourcing.com</a> .   |   |

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_