



**PREPAY ACCOUNT
Credit Card Information Form**

Our Reference: Credit Card Information

Fax back to: 914-762-8649

Attn: A/R

Please complete this *Credit Card Processing* form and fax it to our attention at 914-762-8649.

M/C AMX VISA

CREDIT CARD # **EXPIRATION DATE**

NAME AS PRINTED ON CREDIT CARD

COMPANY NAME

CREDIT CARD BILLING ADDRESS **ZIP CODE**

EMAIL ADDRESS OR FAX NUMBER FOR PAYMENT CONFIRMATION

By signing below, you authorize ORTOFON, INC to charge this credit card for your POs. (You won't have to fill out a prepay authorization form for every PO after you've completed this form). We will keep this card on file and use it until we are notified by you **in writing** to discontinue using this card or until you replace it with a different card. You will receive an automatic payment confirmation via email or fax each time your card has been charged.

Please note that at the time your card is charged we will deduct any credits open on the account when making payment.

If you have a card on file – Is this card a replacement? **Yes No**

If you have a card on file – Is this card to be used as a primary or secondary card? **Primary Secondary**

SIGNATURE **DATE**

Regards,

Ortofon, Inc

