



# FLORIDA MECHANICAL

**2734 Edison Avenue Jacksonville FL 32254**

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**Email Form back to Ashley Adams aadams@flmech.com**

## CREDIT CARD INFORMATION SHEET

NAME (credit card issued to) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**There will be processing fee of 3.5% added to invoice total**

AMOUNT OF PURCHASE OR AUTHORIZATION \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Type: VISA \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Security Number \_\_\_\_\_

(Last 3 or 4 numbers on back of card or on signature line)

Purchase Oder/Job Number \_\_\_\_\_

Authorized By \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Printed Name \_\_\_\_\_

Fax Number/Email if Customer wishes to have a copy sent to them

\_\_\_\_\_

Attn to \_\_\_\_\_