



Advantage Technologies Credit Card Form

Please complete all fields below and sign the bottom to authorize use of credit card for purchase from Advantage Technologies.

Name on Credit Card: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Billing Address: _____

Ship To Address: _____

Invoice or Estimate Number: _____

Please bill this credit card in the amount of \$ _____

My company is Tax Exempt. This is our Tax Exempt Number: _____

(Please provide your tax exempt certificate if your organization is tax exempt)

Applicable Sales Tax and Shipping & Handling will be applied to this total and charged to the above credit card. Please contact your Advantage Technologies representative if a final total is required.

Authorized Signature: _____ Date: _____

Please fax this completed form to 212-710-5099 and your order will be processed as soon as possible.

Thank you!