



Payment Authorization Form

COMPANY/ORG NAME:

NAME ON CARD:

BILLING ADDRESS - STREET:

CITY: STATE: ZIP:

COUNTRY:

BILLING PHONE NUMBER:

VISA:  MASTERCARD:  AMEX: 

CREDIT CARD NUMBER: EXPIRY DATE: M / Y

Enter full number with no spaces or dashes

VERIFICATION NUMBER:

(3-digit CVV for VISA/MC, 4-digit CID for AMEX)

AMOUNT:
(US dollars)

SEND RECEIPT TO: (please check preference)

E-MAIL:

FAX:

I, authorize ElectionMall™ Technologies, Inc. to charge my credit card listed above, we will pay by check, we will wire transfer the amount of: .

THIS PAYMENT IS FOR: (please check one)

100% Payment in full

50% deposit

% deposit

Balance due prior to delivery (freight, additional charges, overs etc.)

I UNDERSTAND THAT IN THE EVENT THAT MY CREDIT CARD CHARGE IS DECLINED BY THE ISSUER OF THE CARD, FULFILLMENT MAY BE PLACED ON HOLD UNTIL OTHER PAYMENT ARRANGEMENTS CAN BE MADE.

SIGNATURE: DATE: M / D / Y

PLEASE FAX (202) 595-1414 or email (billing@electionmall.com). THANK YOU FOR YOUR BUSINESS.

Changes to membership information should be made by calling (202) 595-1414. For more information, you can obtain a copy of ElectionMall Technologies, Inc.'s Terms & Conditions by visiting our web site at <http://www.electionmall.com>.

THIS DOCUMENT IS **CONFIDENTIAL**. APPROVAL: