

J. Brau / The Quorum Group - Credit Card Payment Form

The information below may be faxed to 281-393-3100 or phoned to John Brau at 281-393-1100.

~~~~~ Please Print Clearly ~~~~~

Date of Order: \_\_\_\_\_

Name, as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

Credit Card Purchasing Code (for business purchases): \_\_\_\_\_

Credit Card: American Express \_\_\_ Discover \_\_\_ MasterCard \_\_\_ VISA \_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State & ZIP Code: \_\_\_\_\_

Name of Person Phoning/Faxing Credit Card Data: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Product(s)/Service(s) Purchased: \_\_\_\_\_

|                                                         |           |
|---------------------------------------------------------|-----------|
| Product or Service - Amount of Purchase:                | \$        |
| Amount of Sales Tax included:                           | \$        |
| Shipping/Postage, Insurance and Handling:               | \$        |
| 2.5% Processing Fee Applies 10 Days after Invoice Date: | \$        |
| Past Due Charges:                                       | \$        |
| <b>Total Amount:</b>                                    | <b>\$</b> |

For JBrau/Quorum use.

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

Confirmation #: \_\_\_\_\_