

J. Brau Associates/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:** \_\_\_\_\_

Credit Card Purchasing Code: \_\_\_\_\_

Credit Card: American Express \_\_\_\_\_ 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: | \$        |
| Past Due Charges:                         | \$        |
| <b>Total Amount:</b>                      | <b>\$</b> |

For JBrau/Quorum use.

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

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