



NEW ENGLAND SEATING

CREDIT CARD PAYMENT FORM

A Faxed or Emailed Copy Of This Form Shall Be As Valid As The Original Card

I, _____ authorize New England Seating Co. to charge my credit card in order to make payment towards:

(job # or name) _____

Name as it Appears on the Credit Card _____

Billing Address: _____

City _____ State _____ Zip Code _____

Credit Card Type: Visa _____ Mastercard _____ AMEX _____

Credit Card # _____

Expiration Date: _____ Security Code _____

I authorize New England Seating Co. LLC to charge my credit card listed above in the amount of \$ _____

Card Holder Signature Date

Printed Name _____

Contact Phone Number _____