



Credit Card Payment Authorization Form

Please print all information clearly.

Return to Pointil Systems, Inc.

Voice: (503) 257-5097 Fax: (503) 257-5991

Company Name: _____

Type of Card: Visa Master Card AmEx

Name As it appears on card: _____

Card #: _____

CVV# (3 digit # on back) _____

Expiration Date: _____

Billing Address Of Card:

Street: _____

City: _____

State: _____ Zip: _____

Invoice Numbers to Pay: _____ \$ _____

& Amount Authorized _____ \$ _____

_____ \$ _____

Authorized Signature: _____

Print Name: _____