



# **IN FORM Technologies, LLP**

**The Printer Cover People**

Specializing in custom fabricated accessories for point of sales systems

**6560 S. XENON STREET, LITTLETON, CO 80127 US**

**PHONE: 303.933.4750 Fax: 720.294.1132**

## **Credit Card Purchase Form**

Instructions

1. Sign with the credit card holder's signature on the line indicated on page 2.
2. Fax this form back to **720.294.1132** to complete your order.

### **Contact / Billing Information**

**Company** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Email** \_\_\_\_\_

### **Shipping Information (*Leave blank if same as above*)**

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_



Invoice \_\_\_\_\_

PO# \_\_\_\_\_

Part#	Quantity	Price
___ 007B Epson TMU200B Printer Cover	_____	_____
___ 007E Epson TMU220B Printer Cover	_____	_____
___ 007A Epson TM88 II/ III Printer Cover	_____	_____
___ Other _____	_____	_____

Shipping \_\_\_\_\_

Total Sale \_\_\_\_\_

**Credit Card Type (circle)**

Visa
                         
  Master Card
                         
  Discover
                         
  American Express

Card Holder Name (As Shown On Card) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Credit Card Security Code \_\_\_\_\_

I, \_\_\_\_\_, (Print Name) authorize my credit card to be charged for the above amount. I am aware that I will receive a copy of the charge slip and that this slip will act as my record of this transaction. This transaction is sent and processed over the Internet.

Signature: \_\_\_\_\_

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