ORE WEB.CA

THE CORE OF YOUR OFFICE ENVIRONMENT.

CREDIT CARD MANUAL ORDER FORM

Please complete all information and return by fax 1-888-731-1350

Please note: All information is required for verification / authorization.

Your Credit Card will be billed with your order, applicable shipping and taxes on date of shipment.

Company: _____

CARD HOLDER INFORMATION:	CARD HOLDER ADDRESS:
First Name:	Street
Last Name	City Prov/State PC/Zip
Email Address:	Phone ( ) Ext.
	Fax ( )

Payment Method: ☐ VISA ☐ Master Card ☐ American Express

Name on Card: _____
Print

Card Number: | | | | | - | | | | | - | | | | | - | | | | |

Card Expiry Date (mm/yy): | | / | | |

CVD or CVN Number (Last Three Digits found on the back of your card for Visa or MasterCard. American Express, four digit on front).

I authorize ORE-Office Resources & Equipment to bill my credit card for $_____(amount) for invoice/order# _____, as in agreement with the issuing credit card company cardholder terms and conditions.

Authorized Signature: _____ Date: _____

ADDITIONAL INFORMATION / NOTES

_____

_____

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