

Credit Card Authorization Form

I, _____, by executing this agreement, unconditionally authorize Foley Inc and its' divisions to charge the following credit card:

Billing Information	
Name, Company, Group or Organization:	
Address:	
City, State, ZIP Code:	
Phone Number:	Email Address (for receipts):

Credit Card Information	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
<input type="checkbox"/> Other, please specify:	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yyyy):	Security Code (CVV):
Cardholder ZIP Code:	
Charge Amount: \$	

Pricing Notice: A 3% surcharge will be added to all credit card transactions, which is not greater than our cost of acceptance. This charge does not apply when paying by cash, check, debit card or Cat® Card.

I certify the information contained herein is true and correct, and that I am authorized to charge this purchase to the above credit card number.

Signature

Date



Please submit this form via email, fax, or mail to:
Foley, Inc (Attn: Credit Department)
855 Centennial Avenue, Piscataway, NJ 08855
Fax: 732-885-1242
Email: credit@foleyinc.com