



Professional Electronics Distributing

CCA FORM 101-06

4233-A Lafayette Road \* Indianapolis, IN 46254 \* (317) 298-7960

CREDIT CARD AUTHORIZATION FORM

Filling out and signing this form will authorize PED or PAS-America to charge the credit card listed for the amount entered below.

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Address Continued \_\_\_\_\_

City / State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Name On Card \_\_\_\_\_

Billing Address of Card (only if different from above address)

Street Address \_\_\_\_\_

Address Continued \_\_\_\_\_

City / State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

CARD INFORMATION  VISA  MasterCard  Discover

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 or 4 DIGIT CODE ON BACK OF CARD \_\_\_\_\_

AMOUNT TO BE CHARGED TO CARD \$\_\_\_\_\_.\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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

A copy of the completed transaction can be sent to you by choosing here:  FAX  MAIL  EMAIL

EMAIL ADDRESS: \_\_\_\_\_

THANK YOU FOR YOUR BUSINESS

Professional Electronics Distributing
Professional Audio Systems
www.pas-america.com

FAX TO (317) 293-8393 OR EMAIL IN PDF FORM TO lankersen@pas-america.com