Credit Card Processing Form

FOR OFFICE USE ONLY

ACCT. ID: _____

SALES REP: _____

TODAY'S DATE: _____

CARD NUMBER: _____

EXPIRATION: _____

3 DIGIT CODE: _____

_____

NAME ON CARD

_____ _____ _____ _____

STREET ADDRESS CITY STATE ZIP

_____ _____

PHONE NUMBER E-MAIL ADDRESS (OPTIONAL)

By signing electronically below, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I hereby authorize PG Long LLC to charge my card according to the quote(s) provided.

SIGNATURE: _____ DATE: _____

NOTE: Credit card payments will incur a 3% processing fee added to the total invoice amount.

If you have any further questions, please feel free to contact us at **AR@PgLong.com**.