



Blanket Credit Card Authorization Form

Please return this completed form via fax (1-585-768-6732) or email (office@three-sixtysolutions.com).

I, _____ (authorized card holder), hereby authorize Three-Sixty Solutions, Inc. to utilize the credit card listed below for all sales orders and invoices placed by our company.

This approval will remain in full force and effect until cancelled in writing by the company or until such time as the credit card expires – at which time we will provide Three-Sixty Solutions, Inc. with a new credit card. I understand that any charges in excess of \$1000 will have a 2.5% processing fee added.

Affirmed this _____ day of _____, 20_____

Authorized Cardholders Signature: _____

Print Cardholders Name: _____

Title/Position in Company: _____

Company Name: _____

Credit Card Type (Please Circle One): Visa MasterCard

(Please Circle One): Personally Owned Card OR Corporately Owned Card

Credit Card Number: _____

Name as it Appears on the Card: _____

Expiration Date: _____ Security Number (CVV) _____ Telephone Number: _____

Billing Address for Card: _____

City, State, & Zip Code: _____

Email Address for Receipts: _____