



Dear Customer:

In order to process a credit card payment(s) from your organization, the following information is required:

**Name on Credit Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Card Security Code (CID):** \_\_\_\_\_ (MC/Visa: 3 digits on back, AMX: 4 digits on front)

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount Authorized:** \$ \_\_\_\_\_

**Invoice(s) Paid:** \_\_\_\_\_

\_\_\_\_\_  
Customer Authorization

If you have any questions or concerns, feel free to call or email me directly.

Sincerely,

Matt Labus  
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