



Authorization to Charge Credit Card

Rochester Cassette Account Code: _____

Company Name:

Company Address:

Type of Credit Card:

Complete Credit Card Number:

Expiration Date:

Please Print the Name On Card:

Signature of Card Holder:

Card Holder's Phone:

Billing Address for Credit Card:

Amount to be Charged by Rochester Cassette:

Amount is for: *Pre-payment* or *Existing Invoice*

Sales Order or Invoice Number:

Form Completed By:

Phone Number:

Date Completed:

Please Fax Back to Rochester Cassette at 585-392-5575

UNCONTROLLED