

Benchmark Trophy Center
Phone: 404-876-0395 Fax: 404-876-0397

Credit Card Payment Approval

Account # / Name _____

VISA _____ MC _____ AMEX _____

Card # _____

Expiration _____ Security Code _____

Credit Card Billing Address:

Name on Card _____

Authorized Signature _____

(**This is authorizing listed amount to be charged to above Credit Card, name on card and signature must match)

Invoice/WO # _____ Amount _____

Invoice/WO # _____ Amount _____

Invoice/WO # _____ Amount _____

(Please Check One)

- Please fax a copy of my receipt
- I will pick up my receipt with my order

Phone # _____ Fax # _____