Clear Form

Central Address Systems, Inc.
10303 Crown Point Ave.
Omaha, NE 68134–1061
Phone: (402) 964–9998
Fax: (402) 963–2102
http://www.cas-online.com

CLIENT ID: _____

COMPANY NAME: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

FAX NUMBER: _____

CREDIT CARD AUTHORIZATION

Please circle type of card:

VISA **MASTERCARD** **DISCOVER** **AMERICAN EXPRESS**

Card # _____ CVV Code __ __ __ __

Name of Card Holder: _____
(Please print.)

Billing Address of Credit Card: _____
(Please print.)

_____

_____

Expiration Date of Credit Card: _____

Cardholder's Signed Authorization: _____

Person(s) Authorized To Use Card for Purchases: (Please print.)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

***** *Please return to CAS Accounting Department.* [fax (402) 963–2102] *****

Salesperson / Account Manager: _____

10/25/06

Job #	Date	Amount	Authorize #

Job #	Date	Amount	Authorize #