



6045 Creditview Rd., Suite 333  
Mississauga, Ontario L5V 0B1 Canada  
Tel: 647.967.6240  
Fax: 905.286.1643

## CREDIT CARD PAYMENT FORM

CCP 1623-2010  
2018.08.01

All information must be provided Application could be scanned and emailed to [info@fenixtactical.com](mailto:info@fenixtactical.com)

### CREDIT CARD INFORMATION

Customer Name:		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		
Credit Card Number:		Expiration Date: MM/YY _ _ / _ _
Name on Credit Card (if different):		CVV Code on the back: _ _ _
Payment Amount (Please specify USD or CAD Dollars):		
Signature:		Date:

I/We agree to pay for goods and services I/We have approved and requested below on this form. I/We acknowledge that I am/We are responsible for any and all outstanding amounts if my/our credit card company declines payment

### CREDIT CARD BILLING ADDRESS

Street Address:		
City:		
State:	Zip/Postal Code:	Country:
Phone Number:		Fax Number:

### SHIPPING INFORMATION

(Customer will be charged for freight if shipping information is not provided)

Ship To (if different from billing address):	Shipping Carrier: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Airborne <input type="checkbox"/> Other
	Account Number:
	Type of Service: (Please select one) <input type="checkbox"/> Next Day Priority
	<input type="checkbox"/> Next Day Standard <input type="checkbox"/> 2 <sup>nd</sup> Day <input type="checkbox"/> Ground
Phone Number:	<input type="checkbox"/> Other _____

### PAYMENT INFORMATION

Purchase Order (If Applicable):		Req. Delivery Date:	
Qty	Part Number / Description	Unit Price	Extended Price
			Sub-Total:
			Total:

\*\*\* For Office Use Only \*\*\*

<input type="checkbox"/> Approved	Approval Code _____
<input type="checkbox"/> Declined	

\* NOTE: Sales tax will be added if applicable.

**DO NOT PRINT, SCAN OR FAX THIS PAGE – FOR INFORMATION ONLY**

**Instructions for Completing the Credit Card Payment**

**Credit Card Information**

- Fill in all credit card information including the payment amount to be charged to your credit card. Form must be signed and dated by the cardholder for validation. Fenix Lighting cannot process credit card payments without an authorized signature.
- Fenix Lighting does not accept debit cards or check cards that require use of a personal identification number as a method of payment.

**Credit Card Billing Address**

- For verification purposes, address information must be filled out as it appears on credit card monthly statement. Failure to complete the address information, including zip/postal code, may result in the payment not being accepted by your credit card institution.

**Shipping Information**

- Fill in all shipping information if you wish to use your shipping account. It is essential to indicate the type of service desired. If type of service is not selected, Fenix Lighting will ship order regular airmail parcel at your expense.
- If you do not have a shipping account, Fenix Lighting will deliver using our account and charge your credit card accordingly.

**Payment Information**

- To properly apply your payment, please indicate PO number (if applicable), quantity and part number in which you want to apply this payment to.

**Important Information**

- Sub-Total listed on the Credit Card Payment Form does not include freights and/or sales tax. An additional amount of freight and/or sales tax will be added if applicable. We will use this authorization to charge your credit card for any additional amounts incurred if shipping account and/or Sales Tax Exemption Certificate is/are not provided.
- You may also contact Fenix Lighting if you have any questions and/or need additional information at [info@fenixtactical.com](mailto:info@fenixtactical.com)