



20 BROOKSIDE RD  
BRAINTREE, MA 02184  
781-849-1285 VOICE / 781-843-6584 FAX  
WWW.PROSOUNDSERVICE.COM  
AUTHORIZATION TO CHARGE CREDIT CARD

NAME ON CREDIT CARD \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS\* \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIPPING ADDRESS (if different from billing address for commercial accounts only, with verified phone book listing)

NAME OR COMPANY NAME OF SHIP TO: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIPPING ADDRESS IS (CIRCLE ONE) RESIDENTIAL OR COMMERCIAL ADDRESS

PHONE NUMBER \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

CARD TYPE (CIRCLE ONE) VISA MASTERCARD AMEX

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

3 DIGIT NUMBER IN SIGNATURE STRIP ON BACK OF CREDIT CARD \_\_\_\_\_

CHARGE AMOUNT IN U.S. \$ \_\_\_\_\_ + TAX AND SHIPPING IF APPLIES.

I AUTHORIZE AND AGREE TO PAY THE ABOVE TOTAL ACCORDING TO CARD ISSUER AGREEMENT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- Please note the billing address MUST match the address that your credit card company sends the bill to! If it does not match the computer will not approve the charge. Phone numbers and addresses must be valid and verifiable. No Exceptions.

Qty.	Description	Price ea.	Total
_____	_____	_____	_____
_____	_____	_____	_____

FAX to: 781-843-6584 SUBTOTAL \_\_\_\_\_