

CREDIT CARD AUTHORIZATION FORM

GLOBAL PEST MANAGEMENT, INC.

Date _____

I, _____, authorize GLOBAL PEST MANAGEMENT, INC. to charge my:

VISA

MASTERCARD

AMERICAN EXPRESS

Reference or P.O. # _____

Company: _____

Address: _____

Phone: _____

E-Mail: _____

AMOUNT \$ _____ USD.

CREDIT CARD # _____

CV2 # (3 digit # on back, Amex 4 dig on front) _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

FAX, E-MAIL OR MAIL TO:

Global Pest Management, Inc.
2633 E. 28th Street, Suite 620
Signal Hill, CA 90755
(562) 997-9270
(562) 997-9280 fax
info@gpm-inc.com

NOTES:

