

CREDIT CARD SYSTEM SERVICES / CCSS

2441 WEBB AVE. SUITE 11-E - BRONX, NY 10468

TEL 866-364-2233 FAX 509-463-8926

CCSSUSA@MSN.COM

Equipment Requisition Form

Customer name: _____

Address : _____

State: _____ Zip Code : _____ Email : _____

Tel number: _____ Cell : _____

Fax : _____ Merchant ID: _____

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<u>Description of equipment</u>	<u>Quantity</u>	<u>Price</u>
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Total cost of equipment : \$ _____

Mode of payment:

Check # : _____ Money Order # _____

Credit card # : _____ Exp Date: ____/____

Billing Address : _____ City : _____

Zip Code Address : _____ CVV2 / CID # : _____ \$ _____

< Hereby Authorize To CCSS CHARGE MY CREDIT CARD ACCOUNT (ONE TIME ONLY) IN THE AMOUNT OF >

Customer Signature :  _____

 SIGN HERE

Please Fax to : 1-509-463-8926