



TBC Integration Credit Card Payment Form

Card Holder Information:

Credit Card Number:	
Expiration Date:	
Security Code:	
Name on Card:	
Billing Address:	

I, _____ (print name) hereby authorize TBC Integration, Inc. to charge my credit card in the amount of \$_____ plus any associated shipping cost and/or taxes (if necessary).

(Signature)

(Date)

Shipping Information:

Ship To Name:	
Contact Person:	
Contact Address:	
Contact City, State, Zip:	
Contact Phone Number:	

Please fax this completed form along with a copy of the cardholder's driver's license and a copy of the front and back of the credit card to (949) 606-8176