



3758 Belmont Ave.  
 Chicago, IL 60618  
 Tel (773) 463-6211  
 Fax (773) 463-3387

## Credit Card Authorization (Purchase Order)

### Standard Products

| Shield size | Job number | Quantity | X     | Unit Price | =     | Subtotal |
|-------------|------------|----------|-------|------------|-------|----------|
| _____       | _____      | _____    | _____ | _____      | _____ | _____    |
| _____       | _____      | _____    | _____ | _____      | _____ | _____    |
| _____       | _____      | _____    | _____ | _____      | _____ | _____    |

\* Ship via \_\_\_\_\_ + Est. shipping \_\_\_\_\_  
 Shipping Account # \_\_\_\_\_ = SUBTOTAL \$

### Custom Parts

| Quotation No. | Part No/Rev Level | Job   | Qty   | X     | Unit Price | =     | Subtotal |
|---------------|-------------------|-------|-------|-------|------------|-------|----------|
| _____         | _____             | _____ | _____ | _____ | _____      | _____ | _____    |
| _____         | _____             | _____ | _____ | _____ | _____      | _____ | _____    |
| _____         | _____             | _____ | _____ | _____ | _____      | _____ | _____    |

+ Tooling \_\_\_\_\_  
 \* Ship via \_\_\_\_\_ + Est. shipping \_\_\_\_\_  
 Shipping Account # \_\_\_\_\_ = SUBTOTAL \$

### \* **Customer to complete:**

Name of Card Holder \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Card Type (circle)     Visa     MasterCard     Amer. Exp.

Company Name \_\_\_\_\_

#### **Ship to Address:**

Address as it appears on the credit card statement:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

#### **Authorizing Signature:**

How did you hear about Fotofab?

- After completing and signing this form, please fax it back to Fotofabrication Corp. @ (773) 463-3387
- Shipping costs cannot be determined until your order has shipped.