



Credit Card Authorization Form

Please complete this form and return to: lbaughman@innovativecontrolsinc.com

All information will remain confidential!

Processing Date: Customer Account:

Cardholder Name:

Billing Address:

Phone / Fax:

Credit Card Type: ☐  ☐  ☐ DISCOVER ☐ 

Credit Card Number:

Expiration Date: CVV / Security Code:

Total Charge Amount: \$

Purchase Order	Invoice Number	Dollar Amount
<input type="text"/>	# <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	# <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	# <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	# <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	# <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	# <input type="text"/>	\$ <input type="text"/>

Please note that any freight charges acquired will be added to the invoice that is charged

Submitted by:

Email Address:

Confirmation: **Yes** **No**



Innovative Controls Inc • 560 Braddock Avenue • East Pittsburgh, Pennsylvania 15112

(412) 824-2264 • (412) 824-2339 FAX

innovativecontrolsinc.com