



PROTECH THERMAL SERVICES
www.protechthermal.com

CREDIT CARD AUTHORIZATION

Company Name:	
Name on Card :	
Card Type :	(circle one) Visa Master Card AMEX
Card Number :	
Expiration Date :	
Security Code :	
Billing Address :	
Billing Zip Code :	
E-mail Address :	
Invoice Numbers: (not required)	

The undersigned hereby authorizes ProTech Thermal Services to charge the above credit card. As the credit card holder, I consent to the collection, use and retention of the information on this authorization by ProTech Thermal Services for services rendered and materials provided.

Authorized Signature:	
Printed Name:	
Date:	