



Credit Card Payment Form

Kindly complete this form by filling in the fields and signing. Then fax back to Professional Buyers Advantage, LLC (866)621-3268.

THIS SECTION TO BE COMPLETED BY THE CARD HOLDER

Amount Agreed:	
Cardholder (print name)	
Telephone Number	
Address	
City	
State	
Zip	
Card #	
Security Code#	
Type of Card	Gov't. Visa () Mastercard ()
Expiration Date	

RE: _____

I hereby authorize Professional Buyers Advantage, LLC to charge my credit card for the above described purchase.

Signature

Date