



9556 Historic Kings Road S., Suite #401 · Jacksonville FL 32257  
Toll Free: 888.717.7771 · Fax: 904.448.4076

**Please complete and submit electronically or if you prefer,  
complete, print and return via fax to: 904.448.4076**  
If you have any questions please email us at: [pppaccounting@pppcatalog.com](mailto:pppaccounting@pppcatalog.com)

## One Time Credit Card Authorization Form

**Invoice Number:** \_\_\_\_\_ **Dated:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Company:** \_\_\_\_\_

**Name as it appears on Credit Card:** \_\_\_\_\_

**Billing Address** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Choose one:**            VISA                    MASTERCARD                    AMERICAN EXPRESS

**Amount to Charge:** \$ \_\_\_\_\_

**Credit Card Account #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_    **SEC Code:** \_\_\_\_\_

*As the credit card holder, I hereby approve and authorize PPP, Inc. (PPP) to charge the amount listed above as a one time charge to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.*

**Cardholder Approval Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. PPP will keep all information entered on this form strictly confidential.*