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Credit Card Authorization Form

I, _____, hereby authorize P Guard Corp. to charge my credit card account in the amount of: \$_____ to my
() VISA () MasterCard () American Express CreditCard# _____
Expiration Date: ____ / ____ VID Code: _____

Credit Card Billing Address:

City: _____
State: ____ Zip Code: _____ - _____ Country: (if not US)

Telephone: () _____ - _____

Requested Shipping Address:

City: _____
State: ____ Zip Code: _____ - _____ Country: (if not US)

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above

Cardholder's Signature: _____

Date: ____ / ____ / ____.