

A Safer Point Of View

**Payment Form**

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

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Form of Payment:    VISA       MC       AMEX       DISCOVER       Expiration: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ **Total Payment:** \_\_\_\_\_

I approve CPS to bill this account monthly per terms of agreement

**Billing Address**     Shipping same as billing

Address: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Shipping Address**

Address: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Client code: \_\_\_\_\_

**Special Request for Delivery:** \_\_\_\_\_

\_\_\_\_\_