



### Credit Card Information Request Form

The purpose of this form is to provide you with a vehicle to clearly relay charge card information to Pixelspace. This information will be used to establish pre-approved accounts with third party providers. Once the account has been established, this information will be destroyed.

**DUE TO THE SENSITIVE NATURE OF THIS INFORMATION DO NOT EMAIL THIS FORM OR THIS INFORMATION.**

**Print this form and complete by hand or use the provided fields. Once complete fax to Pixelspace at 828.994.2216.**

#### SENDER INFORMATION

Your Name

Company

Phone

Email

#### CREDIT CARD INFORMATION

Type Of Card

Card Number

Expiration Date  (Format:oo/oo)

PIN Number  (3 or 4 Digit Number on Back of Card)

Name On Card

Company Name

Billing Address

City, State, Zip

Country

Phone

Fax

Email

Comments

**If you have any questions contact Pixelspace at 828.994.2212**

#### CONFIDENTIALITY NOTICE

This information is intended only for the above addressee. It may contain sensitive or privileged. If you have received this information in error please destroy it immediately and notify the sender.