

Debit Authorization

Date: _____

We, (Firm Name)_____ certify that we allow Peripheral Resources, Inc. to debit our credit card for services or products rendered.

Please indicate below the following information so that we may process your order correctly.

Type of credit card: VISA / MC / AM-EX_____

Credit Card Number: _____

Expiration Date: _____

Card Holder's Name: _____

Authorized Signature: _____

Thank you for your cooperation regarding this matter. We look forward to servicing you again.

Best Regards
Credit Department