

Credit Card Authorization

MULTIPLE USE

With my signature below, I hereby authorize IDICIA to charge my credit card for services ordered myself or by others, either in writing, by telephone, fax or email.

I understand this Credit Card will be charged for each job that IDICIA is requested to perform. Pricing will be at the agreed upon price negotiated with myself or the persons below named and an account executive or IDICIA for that particular project.

I authorize the persons named below, if any, to order jobs to be processed on my behalf, and hereby authorize IDICIA charge my credit card for the jobs the named persons may order either in writing or by telephone.

If you have any questions, please call 844.4IDICIA

**Please fax completed signed document to: 360.988.0940
or scan and email to your account manager**

ALL INFORMATION MUST BE COMPLETED

Card Type: Visa MasterCard Amex

Credit Card #: _____ **Expiry Date:** _____

Name of Person on card: _____

Name of Company sending project: _____ **Tel:** _____

Name of Company owning Credit Card: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

X

Signature – as shown on credit card

AUTHORIZED NAMES: The following persons have authority to use this credit card.

1. _____

2. _____

3. _____

CONTACT

INFORMATION

4900 SW Griffith Drive
Suite 251
Beaverton, OR 97005

p 844.4IDICIA

f 360.988.0940

w idicia.com

e info@idicia.com



Company Information

BRIEF FORM

This Brief Form for your Company Information will also be required. Please read below. If you have any questions, please call 844.4IDICIA.

This information is required for setting up a Business Account with IDICIA if you intend to provide payment to IDICIA using your Credit Card. It assures we have the proper information for forwarding billing invoices, as well as other business correspondence.

It is not necessary to submit this form if:

1. If you already have a Business Account with IDICIA
2. If you are submitting a full Credit Application

ALL INFORMATION MUST BE COMPLETED

Company Name:

CFO/Controller/Accounting Dept. Head:

Billing Contact (if different from above):

Address or PO Box:

City:

State:

Zip:

Accounting Phone:

Fax:

Accounting Email:

OTHER INFORMATION: To ensure smooth logistics of paperwork and other accounting and correspondence activities between our companies, the space below is to include any other information you consider important.

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