## Facts on Demand, Inc.

310 State Highway 325 Blairsville, GA 30512

Phone: (706) 835-1831

info@factsondemand.com

Fax: (706) 835-1093

## **Billing Information**

We require your credit card information as a guarantor of payment.

I prefer to pay by check. I authorized you to charge the credit card if payment is not received within 30 days.

Please charge the credit card and send me a detailed receipt. **Facts on Demand, Inc.** is authorized to charge my card for services that I have requested for my company.

Credit Card Number:

**Credit Card Information** 

( MasterCard and Visa accepted)

Expiration Date:		_
Three Digit Security Co	de (found on back of credit card):	
Name on Card:		
Card Billing Address: _	Address	

Cit	ty	State	ZIP	
Name of Company:				
Tax ID# (TIN) or SSN:				
I haraby authorize use of the provided gradit gard to be charged the amount of any invoice from my				

I hereby authorize use of the provided credit card to be charged the amount of any invoice from my account that should become thirty (30) days or more past due:

Cardholder Signature

Date

Printed Name and Title