PRESTO PERMITS
CREDIT AUTHORIZATION APPLICATION

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Billing Contact: _____ Email: _____

Technical Questions Contact: _____ Email:_____

Insurance Carrier: _____ Policy #:_____ Exp:_____

*Credit Card – a 4% administrative fee will be added to all transactions.

Type: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

(Circle one)

Name on Account: _____ Account #:_____

Address: _____Exp:_____

Preferred Billing Method: Credit Check Escrow Account
(Circle) (10% off permit service fees)

Payment Terms: 15 Days after receipt of invoice

*Regardless of preferred billing method, a credit card must be kept on file. Any invoice not paid within thirty days will be automatically charged to the credit card on file.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

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prestopermitstara@verizon.net

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