

Pay By Credit Card

Order Form

Billing Information:

Visa Mastercard Discover/Novus American Express

Name on Card _____

Card Number _____

Expiration Date _____ CCV (3 digit code on back of card) _____

Billing Address _____

City _____ State _____ Zip _____

CHECK THIS BOX IF YOU WOULD LIKE YOUR CREDIT CARD INFO KEPT ON FILE FOR PAYMENT OF FUTURE ORDERS

Amount of Charge (see estimate or invoice)

Limit of Liability

I understand that each list is produced to my exact specifications and is therefore not returnable. I also agree that Spectrum Mailing Lists' liability for errors shall be limited to replacing the list or refunding the cost of the list, whichever is less.

I, the undersigned, hereby authorize Spectrum Mailing Lists to debit my credit card in the amount shown above. I have read my estimate and have checked it to make sure everything stated on the estimate is as I want it. I am fully aware that once my order is placed I can not revise it. I understand that I am financially responsible for all charges even if I accidentally order the wrong data. I have read understand and agree to all limits of liability as stated herein and on the written estimate or invoice that I received.

*Digital signatures are acceptable

Signature _____

Name _____

Date _____

Estimate or Invoice Number _____ Your Reference _____

Charge will appear from Spectrum Mailing Lists on your statement.

Please E-mail Completed Form to your rep or fax to 855-966-5478