## **CREDIT CARD PAYMENT FORM: Extended Warranty Only**



2881 Terrell Ave Oceanside, NY 11572 USA Phone 832-754-8894, Fax 718-228-5437

Fill In Form. This Form has document rights applied to it including filling in form fields.

| DATE:               | NAME:                    |              | COMPANY NAME:    |             |       |
|---------------------|--------------------------|--------------|------------------|-------------|-------|
| TEL:                | FAX:                     |              |                  |             |       |
| E-MAIL ADDRESS:     |                          |              | QUOTE NUMBER:    |             |       |
| ····SERVICE P/N     |                          | PRODUCT S/N  | ORIGINAL O       | RDER NUMBER | PRICE |
| 2                   |                          |              |                  |             |       |
| 3                   |                          |              |                  |             |       |
| 4                   |                          |              |                  |             |       |
| 5                   |                          |              |                  |             |       |
| 6                   |                          |              |                  |             |       |
| 7                   |                          |              |                  |             |       |
| 3                   |                          |              |                  |             |       |
| 9                   |                          |              |                  |             |       |
| 10                  |                          |              |                  |             |       |
| Amount to be charge | d to the credit card: US | SD           |                  |             |       |
| Credit Card Holder  | Name (Print):            |              |                  |             |       |
| Credit Card Type:   | Visa M                   | laster Card  | Amex             | Discovery   |       |
| Credit Card Number: |                          |              | Expiration Date: |             |       |
| Billing Address:    |                          |              |                  |             |       |
| CVV Code:           | Authorize                | ed Signature |                  |             |       |

Credit card owner acknowledges the charges for this order and agrees to all policies and procedures stated on http://www.vconsole.com/p&p.html

Complete the form and fax it to Virtual Console at 718 228 5437

If you encounter any problems, please contact us at sales@vconsole.com