



# Industry Studies Credit Card Order Form

**TSG Invoice Payment Form** Please Fax completed form to: 402-939-0093

Industry Study Title: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Price: \_\_\_\_\_

### AUTHORIZATION FOR CREDIT CARD

CARD HOLDER NAME \_\_\_\_\_

VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_ (CHECK ONE)

CARD NUMBER \_\_\_\_\_ EXP. \_\_\_\_\_ V. CODE \_\_\_\_\_

CARD HOLDER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (PLEASE PRINT) \_\_\_\_\_

**PLEASE CONTACT MIKE STRAWHECKER AT MIKES@THESTRAWGROUP.COM WITH QUESTIONS.**