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PRE-AUTHORIZATION TO USE CREDIT CARD

I understand that Political Data Inc. requires that I provide my credit card information for purposes of processing my order. I further understand and give my permission to PDI to charge my credit card if I do not provide full payment upon delivery or within a previously agreed upon time frame, not to exceed 10 business days.

Visa

MasterCard

American Express

credit card number _____ for \$ _____ to
pay for products and/or services rendered by Political Data Incorporated.

OR

I authorize Political Data to charge all future invoices to this credit card.

Name as it appears on credit card: _____

Expiration Date: _____

CVS Code: _____ (for American Express 4 numbers above card number; for
master card or visa last 3 digits on the back of the card)

Billing address for the given credit card: _____

City _____ State ____ Zip Code _____

Daytime- Telephone Number: _____

Evening - Telephone Number: _____

Print name: _____ Signature: _____

Date: _____

After completing please fax it back to 562-406-2372 or email it to patty@politicaldata.com.