

# CREDIT CARD SYSTEM SERVICES / CCSS

2441 WEBB AVE. SUITE 11-E - BRONX, NY 10468

TEL 866-364-2233 FAX 509-463-8926

[CCSSUSA@MSN.COM](mailto:CCSSUSA@MSN.COM)

## Equipment Requisition Form

Customer name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code : \_\_\_\_\_ Email : \_\_\_\_\_

Tel number: \_\_\_\_\_ Cell : \_\_\_\_\_

Fax : \_\_\_\_\_ Merchant ID: \_\_\_\_\_

=====

<u>Description of equipment</u>	<u>Quantity</u>	<u>Price</u>
---------------------------------	-----------------	--------------

\_\_\_\_\_

\_\_\_\_\_

Total cost of equipment : \$ \_\_\_\_\_

### Mode of payment:

Check # : \_\_\_\_\_ Money Order # \_\_\_\_\_

Credit card # : \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Billing Address : \_\_\_\_\_ City : \_\_\_\_\_

Zip Code Address : \_\_\_\_\_ CVV2 / CID # : \_\_\_\_\_ \$ \_\_\_\_\_

< Hereby Authorize To CCSS CHARGE MY CREDIT CARD ACCOUNT ( ONE TIME ONLY ) IN THE AMOUNT OF >

Customer Signature :  \_\_\_\_\_

 SIGN HERE

**Please Fax to : 1-509-463-8926**