

Please fill out this form and email to ar@bluemia.com. Thank you.

Client Name: _____

Sales Rep: _____

Job/Invoice #(s): _____

E-mail Address (To send receipt): _____

Name (Exactly as it appears on card): _____

Visa_____
MasterCard_____
American Express_____
Discover

Card #: _____

Expiration Date: _____

3 Digit Security Card (On back of card, 4 digit on front of AMEX): _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Amount to Charge Card (\$): _____

Signature: _____**Date:** _____**Print Name:** _____

This is a single use authorization

NOTE: bluemia, their employees and/or their subsidiaries WILL NOT keep credit card information noted above on file, saved in web browsers, ERP Systems or Credit Card Processing Software to be used for a later date. This Form will only be used 'one-time' for the Job/Invoice(s) and Amount noted above and will be disposed after card has been processed and approved. All future charges must provide a new form or can call the office number below (select option #2, then option #1) to have any credit card charges processed over the phone.