



GSA Credit Card Authorization Form

Attn: Gayatri Jagdeo

Email/fax to: accounting@linkscontract.com 647.259.1708

Ordering Agency: _____

Name on the Card: _____

Type of Card: Visa MC Credit Card Number: _____

Security Code : _____ Expiry Date: _____ Tax ID Number: _____

Cardholder Billing Address:

Street

City

State

Zip

Phone Number: _____

Order Number: _____ Invoice Number: _____

Amount to be Charged: _____ Charge Immediately At time of Shipment

Shipping Address:

Street

City

State

Zip

Contract Name & Number: _____

GSA Net Cost for Product: _____

Installation Charges: _____ Misc Charges: _____

Total Cost to be Charged: _____

By signing this form, you authorize **Links Contract Furniture Inc.** to charge your card for the amount listed above.

Signed Date

Processed by _____

Confirmation Number _____