



CREDIT CARD FORM

Please, read and complete all the following information.

I _____ hereby authorize **Asociación Puertorriqueña del Concreto** to charge my credit card for the following amount: \$ _____

VISA _____ **MC** _____ **AMEX** _____

Credit Card Account : _____

Expiration Date : _____

Security Code : _____

Card Holders Name : _____
Please Print

Address _____

City _____ State _____ Zip Code _____

Phone : (_____) _____

Fax : (_____) _____

Cell : (_____) _____

E-mail : _____

In the event that this credit card cannot be processed, an alternate payment method will be provided.

Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Concept	:	_____	
Approval Code	:	_____	Date : _____