



Visa or Master Card Credit Card Authorization Form

I, _____, give permission to Peregrine Communications, Inc. to charge my credit card account for merchandise and/or services:

- ☐ Only for this purchase order number _____
☐ All purchases until I inform you in writing to stop.

YOUR SIGNATURE BELOW INDICATES YOUR CONSENT AND
ACKNOWLEDGMENT OF THE AFOREMENTIONED TRANSACTION(S).

Your Signature _____
Date _____

Credit Card Information

Credit Card No. _____ Exp. ____/____
Issued To: _____
Billing Address on Credit Card _____
Billing City, State and Zip _____

Send Peregrine Invoice To ☐ See Purchase Order

Name _____
Company _____
Address _____
City, State, Zip _____

Ship-To Information (if different from above) ☐ See Purchase Order

Name _____
Company _____
Address _____
City, State, Zip _____

Return via FAX to Peregrine Communications, Inc. 303/278-9685