



**FEDERAL SIGNAL
TECHNOLOGIES**



Credit Card Payment Authorization Form

I, _____ (Cardholder's Name), hereby authorize *Sirit Technologies of Federal Signal Technologies (FSTech)*.

(Cardholder's Billing Address)

(Shipping Address)

To charge my _____ credit card for the following amount
(Type of Card)

Product Total \$ _____ + Sales Tax _____

Shipping Total \$ _____

Total to be Charged \$ _____ Currency _____
USD is the DEFAULT

My credit card number is _____ - _____ - _____ - _____

Bank card issuing bank: _____

Expiration Date is _____ / _____ **On back of card last three #'s _____**
(CVV #)

(Cardholder's Signature)

_____/_____/_____
(Date)

Please include a readable photocopy of the back and front of your Credit Card. You may return via fax (949) 748-7776 or e-mail jfrei@federalsignal.com

*Note: This information is required on ALL orders by our merchant services. The information is only used for verification purposes; we do not sell or distribute this information. These requirements are for our benefit as well as yours to prevent fraud.
Thank you for your understanding in this matter.*