

Member N.F.P.A.

Member N.F.S.A.

Member N.A.F.E.D.

**INTERSTATE FIRE & SAFETY EQUIPMENT COMPANY, INC.**  
RESTAURANT EXHAUST SYSTEMS/FIRE SPRINKLER SYSTEMS  
FIRE EXTINGUISHERS / FIRE SUPPRESSION SYSTEMS

P.O. Box 925  
Greenwich, CT 06836  
404 Willett Avenue  
Port Chester, NY 10573

**SALES & SERVICE**  
Connecticut Lic. # F30002

CT Tel #: 203.531.1333  
NY Tel #: 914.937.6100  
Fax # 914.937.9723



**Credit Card Authorization Form**



I, \_\_\_\_\_, hereby authorize Interstate Fire & Safety Equipment Company, Inc., to charge my credit card account in the amount not to exceed: \$ \_\_\_\_\_

( ) VISA ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number:

\_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VID Code: \_\_\_\_\_

Credit Card Billing Address:

Street:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of goods & services per invoice number(s): \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Signature Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Interstate Fire & Safety Equipment Company, Inc. will keep all information entered on this form strictly confidential