

INFORMATION MANAGEMENT SYSTEMS, INC.
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Credit Card Payment Authorization Form

I / We hereby authorize INFORMATION MANAGEMENT SYSTEMS, INC. (IMS) to charge my:

Card Type:

Card Number:

Expiration Date:

Amount to charge:

Company Name:

Address:

Phone:

Fax:

Customer Number with IMS (if applicable):

Card Holder's Name:

SIGNATURE: _____ **DATE:** ____ / ____ / ____