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www.sprayfoam.org

To Whom It May Concern:

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your payment. We ask you to please sign and date the form before submission. Please fax the completed form to 703-222-5816 or email to: michele@sprayfoam.org

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Discover

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. _____
CVV# _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Invoice #: _____ Amount Authorized: _____

I certify that all information is complete and accurate. I hereby authorize Spray Polyurethane Foam Alliance to collect payment for all charges as indicated. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: _____
(Printed)

Cardholder signature: _____ Date: _____



Committed to SPF performance, safety and industry excellence.