



Copyright Clearance Center

OFFICE USE ONLY

Taken by: \_\_\_\_\_

**CREDIT CARD PAYMENT AUTHORIZATION  
PLEASE DO NOT EMAIL THIS FORM**

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

CCC Customer Account Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Email: Address: \_\_\_\_\_

Name of person placing order (if different from cardholder): \_\_\_\_\_

**In Payment of:**

<u>Invoice Number</u>	<u>Invoice Amount Due</u>	<u>Invoice Currency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total to charge:	_____	_____

**Special Handling Instructions:**

- Charge total amount due
- Charge each invoice individually
- E-mail the authorization receipt: \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

Credit Card (check one)  MasterCard  VISA  American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Fax to Accounting: 978-750-4904 (Outside the USA: 00 + 1 + 978-750-4904) If you do not have a fax, please call 800-422-4633 for RFE invoices. All other invoices call 1-855-239-3415
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