



224 W. 2nd Street  
Mesa, AZ 85201  
480-844-1221 Office  
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## Bid Deposit Credit Card Application

Tax ID 86-0934396

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

Client: \_\_\_\_\_

From: \_\_\_\_\_

Re: Credit Card Number

Please fill out the information requested below and return with your signed contract.

Company Name: \_\_\_\_\_

Contact Name: Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Credit Card: VISA \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_

I agree to pay the amount of \$ \_\_\_\_\_ via credit card for bid deposit

for \_\_\_\_\_ (344 Warren St., Syracuse, NY)

Signature: \_\_\_\_\_