



224 W. 2nd Street
Mesa, AZ 85201
480-844-1221 Office
480-844-0155 Fax

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 _____

Signature: _____