



CREDIT CARD AUTHORIZATION

IP&E Holdings, LLC (dba IP&E Guam)

Ste. 100 643 Chalan San Antonio

Tamuning, Guam 96913-3644

Tel: (671) 647-0000 • Fax: (671) 649-4353

Card Holder

I, _____ authorize **IP&E Guam** to charge my credit card
[Print Name]

Card & Transaction Information

FOR SERVICES RENDERED. NOT TO EXCEED THE AMOUNT SHOWN.

AMOUNT	\$	ONE TIME CHARGE []	MONTHLY RECURRING []
CREDIT CARD TYPE		ATTACH RECEIPT HERE	
CREDIT CARD NO.			
EXPIRATION DATE			
BILLING ADDRESS			
(City / State)	Zip Code		
APPLY PAYMENT TO ACCOUNT NO.			
INVOICE NO.			
COMPANY NAME			

Authorization

NAME ON CARD (As it appears on card)

SIGNATURE

DATE

FAX TO:
IP&E GUAM
ATTN: LISA BLAS / MARIVIC GARCIA
(671) 649-4353

For Office Use Only

Received by:

Date:

Reference:

Notes / Comments: