Paragon Communications 41 Main Street Bolton, MA 01740 (508) 881-0500

Authorization to Charge Credit Card

I,(Please print cardholder name)	hereby authorize
(Trease prim caranomer name) Paragon Com	
— X / I	
To charge my: (Check One) Mastercard	Visa American Express
Charge Card Number:	
Expiration Date://	
(Check One)	
In the amount of \$U.S. Dol	lars (Plus shipping and/or taxes when applicable)
I grant authorization to charge purchases on m	y card until privileges revoked in writing.
For:	Paragon Sales Rep
For:(Please reference Paragon invoice number and / or your	PO # when available)
Cardholder Signature:	Date:
Cardholder Billing Address:	
Company Affiliation (if any):	
Please fax completed form to (50	8) 881-8887 Attn: Accounting

Please note - all fields must be completed to process.