

PCBancard
420 Boulevard Suite 206
Mountain Lakes, NJ 07046
Phone: (888) 537-7332
Fax: (855) 329-7221



Purchase Request Form

Merchant DBA: _____
Address: _____

Phone: _____

| |
|---|
| <p>*For Internal Use Only* MID: _____ Date of ACH: _____ Processed By: _____ Additional Notes: _____ _____</p> |
|---|

| Description: | Quantity: | Price: | Total: | <u>Shipping/Handling</u> (circle one): |
|--------------|-----------|--------|--|---|
| _____ | _____ | _____ | _____ | GROUND |
| _____ | _____ | _____ | _____ | OVERNIGHT |
| _____ | _____ | _____ | _____ | 2 DAY AIR |
| _____ | _____ | _____ | _____ | 3 DAY SELECT |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| | | | Total: (plus Tax and Shipping) _____ | |

Ship to: _____

I, the undersigned, agree and understand that I will be billed via electronic ACH for this purchase.
I authorize the ACH to be processed from the bank account I have on file with PCBancard.

Printed Name of Authorized Signor

X _____
Signature of Authorized Signor

Title

Date