



GSA CREDIT CARD VERIFICATION FORM

Attn: Martha Schwindt

Email to: mschwindt@ofsbrands.com

Date: _____

Cardholder Name: _____

Cardholder Address: _____

Cardholder Phone: _____

Cardholder Signature: _____

Card Type: MasterCard ____ Visa ____ AMEX ____

Credit Card Number: _____

Security Code Number: _____

Tax ID Number: _____

Card Expiration Date: _____

Charge Card: Immediately ____ At time of Shipment ____

Ship To: _____

Contact Name and Number: _____

GSA Net Cost for Product: _____

Installation Charges: _____

Misc Charges: _____

Total Cost to be Charged: _____

Note: A complete list of products, quantities, pricing, and all pertinent ordering information must be submitted with this credit card form.

OFS FirstOffice Carolina Loewenstein Highmark
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