



One-Time Payment Form

Fast Label 2021

Please complete all fields.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Company Name	_____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder Postal Code (from credit card billing address):	_____

Fast Label 3, Single User License	\$645.00
Fast Label 3, Multiple User License	\$995.00

I, _____, authorize _____ to charge my credit card above for agreed upon amount + applicable taxes & shipping costs.

Customer Signature

Date