

PCI SMALL MERCHANT REFERENCE GUIDE ORDER FORM

First & Last Name:		
Title:		
Company:		
Address:	EM	
Email:	Phone	:
Ship to address (Please complete this section if s	hip to address is different from al	pove billing address. We cannot ship to PO Boxes.):
Quantity Informati	on	Payment Card Industry Small Members Task Force
20-49 (20 is the minimum order amount)	\$10.50 each	Guid Toolcoon Mighaels role ball, Middle Mighaels Guide to Safe Payments Version 1.0 July 2016
50–100	\$9.00 each	VOLUM
101–1000	\$7.25 each	→ KOUR LOGO
1001+	\$6.25 each	HERE
Customized Co-branded Orders (1000+)	\$7.75 each	HERE
Customized Co-branded E-version (PDF)	\$125.00	PCI Security .* Standards Council
Quantity Price per	piece Shipping handlin	ing INVOICE
If you have any questions, please contact +1-781- To order a custom printed version (orders of 1000- need to supply us with your logo in a print-ready fi 300dpi). Please email the logo to pcispeaking@pci	-) or a digital, E-version in PDF fo le format (such as .ai .eps, .jpg, .	rmat, co-branded with your company logo you will pdf, .ps, .psd, .tif; color mode: CMYK; resolution:
Payment Options:		
Card Type: DISCOVER DISCOVER	MasterCard VISA	Invoice Me Billing Contact:
Card Number:		
Expiration Date: Security	Code:	Billing Address:
Billing ZIP Code:		_
Name on Card:		_
Signature:		_
Please fax this com	oleted form to +1-781-6	23-1063*. Thank you.

* This is a secured fax line.