

# Credit Card Authorization Form

Office use:	
-------------	--

Please complete and fax back to the number shown at the bottom of this form. **Please note**, that you may be required to send us a copy of the front and back of your credit card including a copy of your driver's license if requested. All information on this form will be verified with your credit card company, and your transaction will be *DECLINED* if there are any discrepancies.

NAME APPEARING ON CREDIT CARD \_\_\_\_\_

ADDRESS (WHERE YOUR STATEMENT IS BEING MAILED) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (NUMBER THE CREDIT CARD COMPANY HAS ON FILE) \_\_\_\_\_

NAME OF INSTITUTION ISSUING THE CARD \_\_\_\_\_

PHONE NUMBER OF INSTITUTION ISSUING THE CARD \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARD VERIFICATION NO. (3 DIGIT NO. ON BACK OF YOUR CARD) \_\_\_\_\_

AMOUNT TO BE CHARGED **[VARIED, CHARGE EACH ORDER AS IT IS PROCESSED]**

INDIVIDUALS AUTHORIZED TO PLACE ORDER \_\_\_\_\_

By signing below, you acknowledge that you are the Cardholder or an authorized Cardholder on the above account, that you agree to pay the above amount according to card issuer agreement, and the AGREEMENT on file. You also authorize Information Technologies Inc to charge the above credit card for each order requested and processed by the Cardholder and the individuals listed above.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

**[ We accept Visa, Master Card & AMEX ]**