



2741 N.E. 4<sup>th</sup> Avenue, Pompano Beach, FL 33064

Phone: 800-770-4700

Fax 800-548-5885

## Credit Card Authorization Form

Please complete and fax to \_\_\_\_\_ at 800-548-5885 or email to \_\_\_\_\_

Company: \_\_\_\_\_

Please charge my/company: American Express  Discover  Master Card  Visa

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ VID Code: \_\_\_\_\_

### Credit Card Billing Address:

Name on the card: \_\_\_\_\_

Company name if applicable: \_\_\_\_\_

Credit card billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Amount \$ \_\_\_\_\_

Invoice #(s) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cardholder's signature Date

As the credit card holder, I also authorize Vutec Corporation to charge my credit card for future purchases verbally approved by me.

Authorization valid until: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials here: \_\_\_\_\_

If you wish confirmation that your credit card has been charged please let us know.

Name \_\_\_\_\_ Fax # \_\_\_\_\_

*Your completion of this credit card authorization form helps us to protect you, our valued customers, from credit card fraud. Vutec Corporation will keep all information entered on this form strictly confidential.*