



Credit Card Authorization Form

Accepted Credit Cards: (Please check one)

American Express Master Card Visa

Credit Card Billing Address: _____

City, State, & Zip Code: _____

Telephone# listed w/ Credit Card Issuing Company: _____

Company Name: _____
(Exactly as it appears on the card)

Card Holder's Name: _____
(Exactly as it appears on the card)

Credit Card Number: _____

Expiration Date: _____

Card Verification#: _____

Card Holder's Signature: _____

Please fax back this form with a copy of the front & back of the credit card whose number appears above. ****Ensure that the credit card has been signed on the back.*** A copy of this form as well as a copy of the credit card will be kept on file. In the event you choose to purchase with a different credit card; a new form and copy of that credit card will be needed.

Please Fax Attn to: Accounting Dept.
Fax# (510) 372-2736

Thank you for choosing I-Tech Company – We really appreciate your business!