

Fax

To:	From:
Fax:	Pages:
Phone:	Date:
Re:	CC:

CREDIT CARD AUTHORIZATION

I authorize Technalogix to charge \$_____ to my credit card, For the following invoice_____.

Credit card information:

Type of credit card _____ Security code _____
Credit card number _____ Exp. _____
Cardholder name _____
Cardholder Signature _____

I _____ guarantee payment for the product charged.
(Cardholder name printed)

