



362 Commerce Way, Suite # 116
Longwood, FL 32750 - USA
Tel: 407-265-3983- Fax 407-265-3982

Please fill this form clearly and Fax it back to Fax # 407-265-3982. Thanks

Date: _____

From
Company: _____

TO:
MicroTech, LLC.

CREDIT CARD AUTHORIZATION FORM-All information below must be filled out.

I _____, cardholder for the account entered below, authorize MicroTech, LLC.
to charge my account pursuant to the terms and conditions of the purchase agreement #

_____, or for up to the following US Dollar amount: \$ _____+ shipping charges.

Name of cardholder: _____

Please indicate : Master Card () Visa () American Express () Discover ()

Account number: _____ Exp. Date (MM/YY) _____ Security

Code: _____

Credit Card Bill to address: _____

City _____ ST _____ Zip _____

Home Phone # _____ Office phone # _____

Fax # _____

Signature of Cardholder _____

Customer Service phone number on back of card _____