



362 Commerce Way, Suite # 116  
Longwood, FL 32750 - USA  
Tel: 407-268-3983- Fax 407-268-3982

Please fill this form clearly and Fax it back to Fax # 407-268-3982. Thanks

Date: \_\_\_\_\_

From \_\_\_\_\_ TO: \_\_\_\_\_  
Company: \_\_\_\_\_ 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 \_\_\_\_\_