



CREDIT CARD AUTHORIZATION FORM
 Send via Fax 410-465-5257
 or Email: Andrea@LaurusSystems.com

Credit Card Number: VISA MC			
Expiration Date (ex. 11/2012):		Three Digit Security Code:	

BILL TO INFORMATION:

Cardholder's Name:						
Company Name:						
Billing Address: (For Credit Card)						
City		State		Zip		Country

SHIP TO INFORMATION:

Check if Billing & Shipping address are the same
 Choose One-Business Residential

Company Name:						
Contact Name						
Billing Address:						
City		State		Zip		Country

OTHER:

Phone:		Fax:	
Email:		Order or Ref No:	

Order consists of the following:

<i>Qty</i>	<i>Part No.</i>	<i>Description</i>	<i>Unit Price</i>	<i>Extended Price</i>

Please choose your shipping preference on the following page



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-Shipping is prepaid by LAURUS Systems, Inc. and added to the invoice when shipment occurs unless you enter your own shipping account. We ship via FEDEX and UPS only.

I would like to use my own shipping account with FEDEX UPS

My Shipping Account Number is The billing zip code on my shipper account is

I would like LAURUS Systems Inc. to ship and prepay and add to our billing-Some Shipping choices are a premium pay meaning they are more expensive choices-i.e. FEDEX or UPS First Overnight, Saturday Deliver-Same Day

PLEASE CHOOSE YOUR SHIPPING PREFERENCE FROM THE OPTIONS BELOW

- FEDEX Ground UPS Ground
- FEDEX Next Day (8 am.) FEDEX-Next Day (10:30 am) FEDEX Standard Overnight (3 pm)
- FEDEX 2 Day- FEDEX Express Saver (3 Day) Not available to all areas

INTERNATIONAL OPTIONS

- FEDEX International Priority FEDEX International Economy

I authorize LAURUS Systems, Inc. to charge my credit card a total of _____+Shipping if applicable.

Signature of Cardholder: _____

Printed Name of Cardholder: _____

Date of Order: _____

If you have a Digital Signature place it in the box above. If not, type your name in the signature box or sign and fax the form.

Save the form as follows and submit via email- yourname_COrder.pdf