



CREDIT CARD AUTHORIZATION FORM

Credit Card Number: _____

Visa: _____ **MC:** _____ **Expiration Date:** _____
(mm/dd/yyyy)

Cardholder's Name: _____

Billing Address: _____
(For Credit Card)

City: _____ State: _____ Zip: _____

Shipping Address: _____
(If different then billing address)

City: _____ State: _____ Zip: _____

Phone Number: _____ **Fax Number:** _____

Order/Ref. No.: _____

Email Address: _____

*Order consists of the following:
Please use additional forms if necessary*

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

-Shipping is prepaid by LAURUS Systems, Inc. and added to the invoice when shipment occurs

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

Signature of Cardholder _____

(Required)

Printed Name of Cardholder _____

Date _____