SwiftecIT
System-Wide Information Technologies

Credit Card Authorization Form

Instructions

1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form to us at **866-871-3328** to complete your order.

I, _____, hereby authorize **Swiftec IT, Inc** to charge my credit card account in the amount of $_____ (including shipping and/or taxes, if applicable).

Type of Card: oVISA oMASTERCARD

Credit Card Number _____

Expiration Date ____/____ 3 digit Code _____

This is a: o One time charge o Recurring Charge until (mm/yy) ____/____

Credit Card Billing Address:

Name on card _____

Street: _____

_____

City: _____

State: _____ Zip Code: _____

Telephone: (____) _____

As the credit card holder, I hereby authorize this charge.

Cardholder's Signature _____ Date _____/_____/_____

Your completion of this form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Swiftec IT, Inc.