

CREDIT CARD AUTHORIZATION FORM

Credit Card Information

Credit Card Type: VISA MasterCard American Express Discover

Card Number: _____

Expiration Date: _____

Name On Card: _____

VCode* _____ *VISA/MC: Last 3 digits in signature block on back of card
*Amex: (4) digits printed on card face after 15 digit number

Order Information

Reference #: _____ (Estimate, Sales Order, Invoice, or PO number)

Amount: _____

Billing Information

Name: _____

Company: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Shipping Information (If Different From Billing)

Name: _____

Company: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Authorization

I hereby authorize Artisan Technology Group to charge the amount shown above to the credit card specified above. I agree to pay the above credit card charges in accordance with the Card Issuer Agreement.

Cardholder Signature: _____ Date: _____