



Phone: 800-275-6387
Fax: 713-266-3893

ASI: 63776 PPAI: 238818

Credit Card Authorization

| | | |
|-----------------------------|-----------|-------------|
| Customer Information | PO# _____ | Date: _____ |
|-----------------------------|-----------|-------------|

Company Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Ship to: _____ Attn: _____

Address: _____

City, State, Zip: _____

| |
|--------------------------------|
| Credit Card Information |
|--------------------------------|

Card Number: _____ Exp Date: _____

Cardholder Name: _____ CSV*: _____

Cardholder Signature: X _____

Billing Address: _____

City, State, Zip: _____

Issuing Bank: _____

American Express
 M/C
 Visa
 Discover

| |
|-----------------------------|
| Shipping Information |
|-----------------------------|

Method of Shipment: _____

Use this account #: _____

| Item | Product Description | Quantity | Unit Price | Price |
|------|---------------------|----------|------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I hereby authorize KTI Networks, Inc. to charge my Visa, MasterCard, American Express, or Discover account upon shipping of my order stated above. I also agree to pay any additional charges and chargebacks related to the shipping of this order.

| |
|------------------|
| Sub Total |
| Shipping |
| Tax |
| Total |

*What is CSV? - It is the 3-digit # on back of your Visa, MC, or Discover, or the 4-digit # on front of your AMEX.

Salesperson _____ Sales Associate _____

Please Fax back to: 713-266-3893