

## Credit Card Authorization

S/O #: \_\_\_\_\_

Customer ID: \_\_\_\_\_

PO#: \_\_\_\_\_

Order Date: \_\_\_\_\_

### Customer Information

Bill To:

(Company) \_\_\_\_\_

(Contact) \_\_\_\_\_

(Address) \_\_\_\_\_

\_\_\_\_\_

(Phone) \_\_\_\_\_

(Fax) \_\_\_\_\_

Ship To:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Credit Card Information

Keep this card on file?  Yes  No

Commercial Card?  Yes  No

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

American Express  M/C  Visa  Discover

Cardholder Name \_\_\_\_\_ CSV\*: \_\_\_\_\_

Cardholder Signature:   X   \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address for Invoice and CC Receipts: \_\_\_\_\_

### Shipping Information

Method of Shipment: \_\_\_\_\_

Use this account#: \_\_\_\_\_ This account belongs to \_\_\_\_\_

Item	Description	Quantity	Unit Price	Price

I hereby authorize KTI Networks, Inc. to charge my Visa, MasterCard, American Express, or Discover Account for my order stated above. I 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