



**CREDIT CARD CHARGE AUTHORIZATION FORM**

Dear customer:

Please provide and authority credit card detail below:

Cardholder Number \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Expiring Date: \_\_\_\_\_

Card classification: Visa , Master Card, or \_\_\_\_\_ (please circle)

Bank: \_\_\_\_\_

Sale Amount: \_\_\_\_\_

Surcharge: \_\_\_\_\_

Total Sale Amount: \_\_\_\_\_

Invoice No. \_\_\_\_\_

Company Name: \_\_\_\_\_

Please note that there is a surcharge of 2% for Visa and Master cards.

I give authorization for Also Technology P/L to withdraw the total sale amount as indicated above from my credit card account in conjunction with the details above.

Authorized Signature: ..... Date: .....

**Note: For prevent credit fraud purpose, please fax credit card both side copy and driver license copy if you are using this credit card for first purchasing.**