



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.