

CREDIT CARD CHARGE AUTHORIZATION



YOUR BUSINESS. OUR DRIVE.

4880 Venture Dr, Ste 500, Ann Arbor, MI 48108 • Tel: 734.913.8080 • Fax: 734.913.8088 • www.xitron.com

Customer Number: _____ Phone: _____ Fax: _____

Company Name: _____

Name on credit card: _____

Credit Card Billing Address: _____

City, State/Province

Country

ZIP/Postal Code

I, _____, authorize Xitron to charge my credit card
Name as it appears on Credit Card

in the amount of \$ _____ to apply to the following invoice(s)/order(s):

Invoice/Order Number

Amount USD

VISA MasterCard Discover American Express

(Any returns against credit card charges are subject to 3% bank fee charge in addition to applicable restocking charges)

Credit Card Number

CCV code- a 3 digit code on the back of your card or 4 digit code on front of American Express

Expiration Date on Credit Card

Email Address

Authorized Signature of Credit Card Holder

Date

FAX BACK COMPLETED FORM TO ACCOUNTS RECEIVABLE @ 734-913-8088