

CREDIT CARD CHARGE AUTHORIZATION  
TECHNICAL SUPPORT



YOUR BUSINESS. OUR DRIVE.

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 LLC to charge my credit card  
Name as it appears on Credit Card

in the amount of \$\_\_\_\_\_ to apply to technical support for a specific support issue or software  
reinstallation or for the purchase of an annual support agreement in the amount of \$\_\_\_\_\_.

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 EDUCATIONAL SERVICES & SUPPORT @ 734-913-8088**

**Xitron ES&S Use Only**

Clientele Call Number: \_\_\_\_\_ Date: \_\_\_\_\_ ES&S Specialist: \_\_\_\_\_

\$ Amount: \_\_\_\_\_ Part Number: \_\_\_\_\_

Order Number: \_\_\_\_\_ Entered by: \_\_\_\_\_