

CREDIT CARD CHARGE AUTHORIZATION



YOUR BUSINESS. OUR DRIVE.

4750 Venture Dr, Ste 200A, 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



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Terms and Conditions

1. All orders are subject to acceptance at the Home Office.
2. Terms of sale and/or credit limits will be established at the discretion of the Home Office.
3. In the event this account becomes delinquent, the Purchaser agrees to pay interest at 1.5%/month plus all collection costs including attorney fees, court costs and any miscellaneous expenses as a result of failure to pay.
4. Xitron, LLC reserves the right to request financial statements from purchaser as deemed necessary.
5. All wire fees are to be paid by the Customer.

The undersigned, having read and accepted the terms and conditions of sale hereby authorizes Xitron, LLC to contact the above mentioned references to obtain credit information.

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