

CREDIT CARD CHARGE AUTHORIZATION
TECHNICAL SUPPORT



YOUR BUSINESS. OUR DRIVE.

4750 VENTURE DRIVE, SUITE 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 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: _____