

Credit Card Charge Authorization



Xitron LLC | 4750 Venture Dr, Ste 200A, Ann Arbor, MI 48108 | Phone: 734.913.8080 | Fax: 734.913.8088 | orders@xitron.com

Customer # (if applicable): _____ Phone: _____ Fax: _____

Company Name: _____

Name on Credit Card: _____

Email address: _____

Billing Address:

_____ Street Address

_____ City, State / Providence

_____ ZIP/Postal Code

_____ Country

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

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

Quote / 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

_____ Exp Date

_____ CCV Code
(3 digit code on the back of the card, or 4 digit code on front of American Express)

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% per 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.
6. Any returns against credit card charges are subject to 3% bank fee charge in addition to applicable restocking charges.

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.

_____ Authorized Signature of Credit Card Holder. By signing, you agree to the Terms & Conditions listed above.

_____ Date

Once completed and signed, please email this form to orders@xitron.com.