



4287 W. 96<sup>th</sup> Street, Indianapolis IN 46268  
Phone 317-704-0440 Fax 317-704-0450

### CREDIT CARD AUTHORIZATION

Company Name: \_\_\_\_\_

Name(s) of other individuals authorized to approve invoices:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Invoice(s) #: \_\_\_\_\_

Amount Authorized \$US: \_\_\_\_\_

Date: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Name (as it appears on the Card): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Type of card: Visa MasterCard or American Express

Credit Card Number: \_\_\_\_\_

Card Verification Code: \_\_\_\_\_ (3 or 4 digit code on back of card)

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

- I authorize iTech Digital to charge the above listed credit card for the payment of product above.
- I authorize iTech Digital to keep this credit card on file for future purchases
- Do not keep this credit card on file for future purchases

Card Holder Signature x \_\_\_\_\_ Date: \_\_\_\_\_

*You are authorizing iTech Digital to charge your credit card for the payment of products and services. Please verify the items you buy before making a purchase. If you need to return any merchandise for any reason, you will need to obtain a Return Materials Authorization (RMA) number from iTech Digital prior to shipping. Any product received without a RMA number will not be accepted at our receiving department and will be promptly returned to sender. Please Note: charges will appear as "Ultimate InfoSource L.L.C."*