



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize ComputerPro of Miami, Inc. to charge my credit card account in the amount of \$ _____ for Invoice# / Estimate # _____.

Visa MasterCard

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ / _____ CV Code: _____

Credit Card Billing Address

Name: _____

Street: _____

City: _____ State: _____

Zip: _____ - _____ Country: _____

Telephone: () _____ - _____

Requested Shipping Address

Name: _____

Street: _____

City: _____ State: _____

Zip: _____ - _____ Country: (if not U.S.) _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above. I also agree to pay additional freight charges and sales tax if applicable. A 3% convenience fee will be added to this transaction.

As the credit card holder, I also authorize ComputerPro of Miami, Inc., to charge my credit card.

Cardholder's Signature

Date

Authorize Valid Until: _____

Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. ComputerPro of Miami, Inc., will keep all information entered on this form strictly confidential and held for no longer than 24 hours.

Please fax this completed form back to 305.667.0545