



### Credit Card Authorization Form

For your protection against fraud, please complete, sign and e-mail this form to [sales@compupointusa.com](mailto:sales@compupointusa.com) or mail to **CompuPoint USA llc., Unit 180, 6514 Warren Drive, Norcross, GA 30093.**

Date  /  /  (MM/DD/YYYY) Order Amount \$

Master Card  Visa  PO / Quote # (Optional)

Credit Card #  Expiry Date  /  (MM/YY)

#### Cardholder's Billing Information

Name

Address

City

State

Country

Zip

Day Time Phone

Fax(Optional)

#### Credit Card Issuing Bank Info

Name

Address

City

State

Country

Zip

Day Time Phone

Fax(Optional)

#### Shipping Address

Same As Billing

Name

Address

City

State

Country

Zip

Day Time Phone

Fax(Optional)

I \_\_\_\_\_ do hereby grant **Compupoint USA llc or its agent(s)** permission to my above mentioned charge account information to obtain payment for my purchase. The Total product amount is \$ \_\_\_\_\_ in US / Canadian Funds.

Plus Shipping

Plus Handling

Cardholder's Signature \_\_\_\_\_

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