

MITECH LLC

"Bringing tomorrow's Technology Today"

CREDIT CARD AUTHORIZATION FORM

Please complete this form and fax back to MITECH LLC at (407) 830-5351

Cardholder Name _____

Credit Card Billing Address _____

Credit Card Type: (Please Circle One) Visa MasterCard American Express

Credit Card Number _____

Expiration Date ____/____/____ CID# _____

I authorize MITECH LLC to charge my credit card for the amount of \$: _____

Purchase Order Number: _____

Comments: _____

***Credit Card Sales may not be stopped or varied and purchaser waives right to have Credit Card Company reverse a charge.**

Shipping Address:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: () _____ - _____

Print Name: _____

Signature: _____

Date: _____/_____/_____

371 OLEANDER WAY
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