



## Credit Card Authorization Form

Please print out this form and fax or email to:

Email Address: [Sales@InfoCheckUSA.com](mailto:Sales@InfoCheckUSA.com) or Fax Number: 1-888-827-4468

Customer Name: \_\_\_\_\_

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

Product Requested: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

### Type Of Card:

DISCOVER AMEX VISA MasterCard

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

Expiration Date: \_\_\_\_\_ CVC Code (3 or 4 digit number on back of card) \_\_\_\_\_

BILLING ADDRESS (this address must match the credit card billing address exactly):

STREET: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

I verify that all information is correctly provided, and that I, the undersigned, am the card holder of the above credit card. I further verify that the signature below is my signature as indicated on the reverse of the above indicated card. I hereby authorize INFOCHECKUSA.com to charge my indicated credit card, without an imprint for the amounts of:

US DOLLARS (FIGURES ONLY) \$ \_\_\_\_\_

US DOLLARS (WORDS ONLY) \_\_\_\_\_

plus, any shipping and handling charges as imposed by INFOCHECKUSA.com on this sale. I understand that INFOCHECKUSA still reserves the right to request the front and back copy of my card, and/or of my driver's license should further verification and authenticity of the cardholder be required. Payments received for the sale above by the stated credit card constitutes acceptance of the sales & shipping charges indicated above. Upon receipt of this signed and dated form by INFOCHECKUSA, participants on this sale are subject to: (1) the INFOCHECKUSA sales & returns policy as stated on INFOCHECKUSA.com. Failure to have this form, properly filled out and returned to INFOCHECKUSA will result in product being withheld. Cardholder also agrees not to request any charge backs on the credit card until any disputed matters are resolved with INFOCHECKUSA. No charge backs will be made until disputed matters are also resolved with the salesperson that has undertaken this sale.

**Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by INFOCHECKUSA.**

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

Office Use Only: Invoice or Sale Number is \_\_\_\_\_