



**CREDIT CARD AUTHORIZATION FORM**

I \_\_\_\_\_ hereby authorize MicroAide, Inc. to charge my Credit Card Account in the amount not to exceed: \$\_\_\_\_\_ plus any shipping charges that may apply.

DISCOVER       VISA       MasterCard

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

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      VID Code \_\_\_\_\_

**Credit Card Billing Name & Address:**

Name on Card: \_\_\_\_\_

Street: \_\_\_\_\_

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

Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

**Requested Shipping Address:**

Company/Name \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_      Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_      Web Site: \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of products and/or services at the shipping address above.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete form, sign and fax back to **610-743-8505**