



Company Name: _____

Name(s) of other individuals authorized to approve invoices:

Date: _____

Printed Name: _____

Phone: _____ Fax: _____

Email: _____

Invoice(s) #: _____

Amount Authorized \$US: _____

Date: _____ Ordered By: _____

Name (as it appears on the Card): _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Type of card: Visa MasterCard or American Express

Credit Card Number: _____

Card Verification Code: _____ (3 or 4 digit code on back of card)

Expiration Date: _____ / _____ / 20____

- I authorize iTech Digital to charge the above listed credit card for the payment of product above.
- I authorize iTech Digital to keep this credit card on file for future purchases
- Do not keep this credit card on file for future purchases

Card Holder Signature x _____ Date: _____

You are authorizing iTech Digital to charge your credit card for the payment of products and services. Please verify the items you buy before making a purchase. If you need to return any merchandise for any reason, you will need to obtain a Return Materials Authorization (RMA) number from iTech Digital prior to shipping. Any product received without a RMA number will not be accepted at our receiving department and will be promptly returned to sender. Please Note: charges will appear as "Ultimate InfoSource L.L.C."