



11711 W Sample Rd, Coral Springs, FL 33065

Phone: 800-770-4700 Fax 954-255-2253

Credit Card Authorization Form

Please complete and fax to _____ at 954-255-2253 or email to _____

Company: _____

Please charge my/company: American Express Discover Master Card Visa

Card #: _____

Expiration date: ____/____/____ VID Code: _____

Credit Card Billing Address:

Name on the card: _____

Company name if applicable: _____

Credit card billing address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____

Amount \$ _____

Invoice #(s) _____

_____/_____/_____
Cardholder's signature Date

As the credit card holder, I also authorize Vutec Corporation to charge my credit card for future purchases verbally approved by me.

Authorization valid until: ____/____/____ Initials here: _____

If you wish confirmation that your credit card has been charged please let us know.

Name _____ Fax # _____

Your completion of this credit card authorization form helps us to protect you, our valued customers, from credit card fraud. Vutec Corporation will keep all information entered on this form strictly confidential.