



AxionTech.Com

1408 Vinylex Drive, Carrollton, TX 75006
TEL 972-428-5440; FAX 214-483-5519

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD TYPE: VISA MASTER AMEX

CARD NUMBER: _____

CARD VERIFICATION #: _____ (ON THE BACK OF CARD, THE LAST 3 DIGITS, AMEX 4 DIGITS ON THE FRONT OF CARD)

EXPIRATION DATE: _____

CARDHOLDER NAME: _____

(PRINT EXACTLY AS APPEARS ON THE FRONT OF CARD)

BILLING ADDRESS: _____

(EXACTLY AS APPEARS ON CREDIT CARD STATEMENT)

ISSUING BANK: _____ (NAME OF THE BANK THAT ISSUED CARD)

ISSUING BANK PHONE# _____

In lieu of my credit card imprint, I, the cardholder, _____
(PRINT EXACTLY AS APPEARS ON THE FRONT OF CARD), hereby authorize Axiontech.com to charge to my credit card for the orders I place. By signing below, I acknowledge the charge and payment will be made in full to the issuing bank.

SIGNATURE: _____ DATE _____