



CREDIT CARD AUTHORIZATION FORM

**Please complete this form, save as and email to eli@vutec.com
or fax to VisionX Credit Card Authorization at 954-545-9011*

Company: _____

Type of Credit Card: AMEX Discover Master Card Visa

Card #: _____ Expiration Date: ___ / ___ CVC Code: _____

BILLING ADDRESS

Name on the card: _____ Company name (if applicable): _____

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.
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.*

Authorization valid until: _____ / _____ Initials here: _____

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

Name: _____ Fax #: _____



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