



## CREDIT CARD AUTHORIZATION FORM

*\*Please complete this form, save as and email to [mike@vutec.com](mailto:mike@vutec.com)  
or fax to Vutec 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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