

**CREDIT CARD AUTHORIZATION FORM**

Company Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Your Company Purchase Code: \_\_\_\_\_





CRT Invoice/Order Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

BILLING Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Country:  U.S.  Other: \_\_\_\_\_

Telephone: \_\_\_\_\_

*Credit cards only; no debit cards*

Card Number:

Expiration Date: \_\_\_\_ / \_\_\_\_ (MM/YY)

Validation Number: \_\_\_\_\_ (# from back of card)

Amount: \$ \_\_\_\_\_ USD Auth # \_\_\_\_\_  
(Office Use Only)

Cardholder authorizes Connecticut Reserve Technologies, Inc. to bill their credit card account (number referenced above) for the amount of the transaction indicated above and agrees to perform the obligations set forth in the Cardholder's agreement with the Card Issuer.

Cardholder  
 Signature: X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YYYY

Please Return via:	EMAIL <a href="mailto:CCPAY@CRTechnologies.com">CCPAY@CRTechnologies.com</a>
	FAX 1-918-513-6950
	MAIL <i>To the address at the top of the page.</i>