

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 CCPAY@CRTechnologies.com |
| | FAX 1-918-513-6950 |
| | MAIL <i>To the address at the top of the page.</i> |