



2789 S. Financial Ct.  
Sanford, FL 32773 USA

Credit Card Authorization Form

Card holder Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: (Please select one) Visa MasterCard American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CID# \_\_\_\_\_

I authorize MITECH LLC to charge my credit card for the amount of \$: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\*Credit Card Sales may not be stopped or varied. Purchaser waives right to have Credit Card Company reverse a charge.

Shipping Address:

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

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

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

