



Credit Card Authorization Form

20920 Sheridan Street
Pembroke Pines Florida 33332 U.S.A
PH: 754.400.9834
FX: 754.400.9846

Credit Card Type: _____Amex _____Discover _____MasterCard _____Visa

Card Number: _____ Exp. Date: _____

Card Security Code: _____ (See back of the card for 3 digit number)
(For AMEX see 4 digit number in front)

Name on Card: _____(Exactly how it appears on the card)

Credit Card Billing Address (where you receive your credit card statements)

Street: _____

City: _____

State: _____

Zip: _____ Country: _____

Customer or Business Name: _____

Complete Address: _____

Phone: _____

Fax: _____ Email: _____

Authorization

I hereby authorize **Office Supply Tech Inc.** to charge \$ _____

To my credit card for payment of Sales Order# or Invoice #: _____

Cardholder Signature: _____ Date: _____