

CREDIT CARD AUTHORIZATION FORM

Card Holder Information

Card Type (Please Check One): Visa
 MasterCard
 American Express

Name (as appears on card): _____

Card Number: _____

Card Expiry Date: ____ / ____

Daytime Phone Number: (____) _____

Authorization

I, the designated cardholder of the above listed card, authorize MicroAge to charge the amount of \$_____ to the above listed credit card.

Description: _____

Signature of Cardholder: _____ Date: _____

Please fax completed form back to: 306-569-2118