Office: 209-948-4276 Fax: 209-465-4695

Credit Card Authorization

I, _____, herby authorize Plus IT Inc. to charge my credit card in the amount of $ _____.

Type of Card:

☐ Visa ☐ Mastercard ☐ Discover _____

Expiration Date: _____ CVV2 (last 3 on back of card): _____

Credit Card Billing Address	Requested Shipping Address
Name:_____	Name:_____
Street: _____	Street: _____
_____	_____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Country: _____	Country: _____
Telephone: _____	Telephone: _____
P.O. # _____	Invoice # _____

Being the cardholder or authorized signer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Plus IT Inc. to charge my credit card.

_____ Date: _____

Signature

1411 W. Fremont St. Stockton Ca. 95203 www.plusitinc.com