



Touch Screens Inc.
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Fax: +1 (770) 921-8494
Web: www.touchwindow.com

To: _____

Attn: _____

Please complete the form and fax back to (770) 921-8494. Thank you.

Credit Card Authorization Form			
I, _____, hereby authorize Touch Screens Inc. to charge			
My credit card account in the amount of \$ _____			
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	Purchase Order# _____
Credit Card Number: _____			
Expiration Date: ____/____/____ VID Code: _____			
Credit Card Billing Address:		Requested Shipping Address:	
Name: _____	Street: _____	Company: _____	Street: _____
City: _____ State: _____	City: _____ State: _____	City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____	Zip Code: _____	Zip Code: _____
Country: (if not in US) _____	Country: (if not in US) _____	Country: (if not in US) _____	Country: (if not in US) _____
Telephone: (____) _____-____	Telephone: (____) _____-____	Telephone: (____) _____-____	Telephone: (____) _____-____
As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.			
_____		____/____/____	
Cardholder's Signature		Date	
Optional: As the credit card holder, I also authorize Touch Screens Inc. to charge my credit card for future purchases verbally approved by me.			
Authorization Valid Until: ____/____/____ Initials Here: _____			

The purpose of this form is to help protect our customers from credit card fraud. Touch Screens Inc. will keep all information entered on this form strictly confidential.