

To: _____

Attn: _____

Please complete the form and email to srini.bhopal@touchwindow.com.***Credit Card Authorization Form***

I, _____, hereby authorize Touch Screens Inc. to charge

My credit card account in the amount of \$ _____



VISA



MasterCard



Amex

Purchase
Order# _____

Credit Card Number: _____

Expiration Date: ____/____/____ VID Code: _____

Credit Card Billing Address:

Name: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Country: (if not in US)

Telephone: (____) _____

Requested Shipping Address:

Company: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Country: (if not in US)

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.