



Credit Card Authorization Form

This form is required for all purchases over \$1000.00 If the shipping address above is different than the billing address, the shipping address must be listed as a valid address with your credit card company for use to be able to ship to that address.

Complete this form and fax to 512-873-0745

Shipping Address:

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Billing Address (if different than above):

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Phone Number _____

Credit Card Type (please circle one):

Visa Mastercard Discover



CVV

Expiration ____ / ____ / ____ CVV Number ____

Last 4 Digits of Credit Card Number ____

I authorize CDN Systems, LLP to charge my credit card in the amount of \$ _____

For Item(s) _____

Card Holder Signature _____

Date ____ / ____ / ____

CDN Systems, LLC 12510 Trails End Rd, Leander, TX 78641 **512-933-0081**

Effective Date: 10/29/10

CDN Systems LLC

Revision 1.0

<Z:\CC Authorization rev. 1.0.pdf>