ANCHOR

<u>CREDIT CARD AUTHORIZATION</u>

Date: _____/_____/_____   Client #: _____

Client Name: _____

Type of Credit Card: _____

Credit Card #:   _____

3 Digit – Card Security Code
(3 DIGITS - RIGHT OF SIGNATURE STRIP) _____

Expiration Date: _____

Credit Card Holder: _____

Credit Card Holder Address: _____

                                _____

                                _____

      I the undersigned fully authorize Anchor Computer, Inc. to use the aforementioned credit card for payment of our company's invoices.

☐ This is a blanket authorization, it is good for any and all invoices billed to

_____
Company Name

☐ This is a one-time authorization, it is good only for invoices and the amounts noted below.

Invoice #	Invoice Date	Dollar Amount

☐ This is a pre-payment on my account in the amount of $_____
I realize that the amount being paid is only an estimated amount and thus I am responsible for any difference between the estimate and the final bill. I will be contacted if the amounts differ and I will authorize another payment for the difference.

Authorization: _____
                                    Printed
                   _____
                                    Signed
                   _____
                                    Title

FAX BACK TO: (631) 293 - 3599