

Credit Card Authorization

S/O #: _____

Customer ID: _____

PO#: _____

Order Date: _____

Customer Information

Bill To:

(Company) _____

(Contact) _____

(Address) _____

(Phone) _____

(Fax) _____

Ship To:

Credit Card Information

Keep this card on file? Yes No

Commercial Card? Yes No

Card Number: _____ Exp Date: _____

American Express M/C Visa Discover

Cardholder Name _____ CSV*: _____

Cardholder Signature: X _____

Billing Address: _____

City, State, Zip: _____

Email Address for Invoice and CC Receipts: _____

Shipping Information

Method of Shipment: _____

Use this account#: _____ This account belongs to _____

Item	Description	Quantity	Unit Price	Price

I hereby authorize KTI Networks, Inc. to charge my Visa, MasterCard, American Express, or Discover Account for my order stated above. I agree to pay any additional charges and chargebacks related to the shipping of this order.

Sub Total	
Shipping	
Tax	
Total	

*What is CSV? - It is the 3-digit # on back of your Visa, MC, or Discover, or the 4-digit # on front of your AMEX.

Upon artwork approval and a 50% deposit, your order will be submitted into production. Remaining balance will be charged on the day of shipping. Full payment must be received before the order ships.

Salesperson _____

Sales Associate _____

Please fax back to 713-266-3893