

Credit Card Authorization Form



301-924-7403 FAX

I am the credit card holder or an authorized agent of the company or cardholder to approve the use of this card. I am an authorized signer on this card and hereby give Data Connect Enterprise (DCE) permission to bill the credit card as follows:

One time Use Only I hereby authorize DCE to use the credit card for payment of this one order only. DCE is authorized to charge my card in the amount of \$ _____, plus shipping, handling, insurance and duties, if applicable, for _____ (PO # or product description).

Shipping to an Alternative Address I hereby authorize DCE to use the credit card for purchases shipped to an address other than the registered address as defined below.

Permanent Credit Card Use I hereby authorize DCE to use the credit card for future purchases, when verbally approved by me. when requested verbally or in writing. This authorization will remain in effect until written notice of cancellation is received by DCE.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 25%;"> <input type="checkbox"/> Visa </td> <td style="text-align: center; width: 25%;"> <input type="checkbox"/> MasterCard </td> <td style="text-align: center; width: 25%;"> <input type="checkbox"/> AmEx </td> <td style="text-align: center; width: 25%;"> <input type="checkbox"/> Discover </td> </tr> <tr> <td colspan="4">Credit Card Number:</td> </tr> <tr> <td style="width: 50%;">CC2/V-code</td> <td style="width: 50%;">Exp Date</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">3-4 digits on back</td> <td style="text-align: center;">Mo / Yr</td> <td colspan="2"></td> </tr> </table>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AmEx	<input type="checkbox"/> Discover	Credit Card Number:				CC2/V-code	Exp Date			3-4 digits on back	Mo / Yr			Registered Credit Card Billing Address City: _____ State: _____ Zip Code: _____ - _____
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AmEx	<input type="checkbox"/> Discover														
Credit Card Number:																	
CC2/V-code	Exp Date																
3-4 digits on back	Mo / Yr																
Company Address: _____ <small>Check if same as Billing Address</small> City: _____ State: _____ Zip Code: _____ - _____	Shipping Address: _____ <small>Check if same as Company Address</small> City: _____ State: _____ Zip Code: _____ - _____																

Printed or Typed Name of Cardholder / Agent

Phone

Fax

Email

X _____ Authorized Signature (Required) ____/____/____ Date

I accept the terms and conditions of sale of Data Connect Enterprise, Inc as stated on DCE's web sites, invoices, and return authorizations. I agree that in the event that the credit card charge is not honored by the bank for any reason, I will pay any amount due immediately plus a late fee of one and one half percent (1.5%) per month on any outstanding balance owed, or the maximum amount permitted under applicable law; and agree to pay all costs of court, attorney's fees and other expenses incurred should collection of any amount become necessary.