

VITAIP Global Technologies, Ltd

Credit Card Authorization Form



Please complete the following in the fields below, print, sign and FAX to (631) 693 – 3691

*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 **Vita IP Global Technologies, Ltd** permission to bill the card to purchase the following goods as follows.*

****Order Details**

Purchase order number

Product amount \$ USD

Shipping charges \$ USD

Grand Total \$ USD

Add shipping charges to account number

FedEx

UPS

DHL

Shipping method

Ground

2nd Day

Overnight Domestic USA

International Priority

Ship to an Alternative address *I hereby authorize Vita IP Global Technologies, Ltd to ship this order to an address other than the registered address on card.*

****Credit card information**

Visa

MasterCard

American Express

Discover

Name on Card (as it appears on card)

Credit card number

Security Code

Expiration Date

Credit card bill Address

City

State

Zip Code

Country

****Shipping information**

Company Name

Address

City

State

Zip Code

Country

Contact name

Phone

Fax

E-mail

Signature ----- Printed name (required) ----- Date -----/-----/-----