

CREDIT CARD AUTHORIZATION FORM

When an order needs to be shipped to an address different from the billing address or on orders over \$100.00 we need to obtain authorization. You can either add the second address as an authorized alternate shipping address by contacting your credit card provider, or you can complete and fax the form back to us.

Instructions:

1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.

I, _____, hereby authorize Convergence Solutions, Inc. to charge my credit card account in the amount of \$ _____ (including shipping and/or taxes if applicable).

☐ Credit Card ☐ Debit Card

Type of card: ☐ VISA ☐ AMEX ☐ MASTERCARD ☐ DISCOVER

Credit Card Number _____ Charge card on file? ☐ Yes ☐ No

Expiration Date _____ CVC Code (last three digits on the number on the back of the card) _____

Credit Card Billing Address:	Requested Shipping Address:
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Telephone: _____	Telephone: _____

As the credit card holder, I hereby authorize receipt of merchandise and or service at the shipping address above. I understand that for credit card charges there will be a 2% credit card processing fee added to my invoice. There will be no fee for debit card processing.

Cardholder's Signature _____

Cardholder's Printed Name _____

Date _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All the information entered on this form will be kept strictly confidential by Convergence Solutions, Inc.

