

CREDIT CARD AUTHORIZATION FAX TO: 888-823-8387

I authorize Cartridge World-Innsbrook to charge my credit card for all orders placed by my company as listed below.

CARD No.: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ **Exp.:** _ _ - _ _ **3 digit CODE:** _ _ _

Card Type: (Circle One): *Visa MasterCard AMEX Discover*

Card billing information:

Name: _____ (as it is on the credit card)

Address: _____ (where you receive the statement)

City: _____ **State :** _____ **Postal Code:** _____

Company Information:

Company Name: _____

Contact Person: _____

Telephone: _____

Email Address: _____

Ship to Address: _____

City: _____ **Postal Code:** _____

I will be purchasing inkjet, laser toner and printer consumables from Cartridge World-Innsbrook under the business terms of this credit card issuer.

Cardholder signature: _____ **Date:** _____

This authorization form is intended for use on a recurring basis. This authority will remain in effect until Cartridge World-Innsbrook is notified in writing to cancel the authorization in such time as to allow Cartridge World-Innsbrook to act on it. If Cartridge World-Innsbrook is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.