



Corporate Headquarters:
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CREDIT CARD AUTHORIZATION FORM

This is a form designed to have interactive form fields. Please fill the form and send via fax to (321)248-0414

I hereby below sign this document authorizing Infinite Technology Systems, Corp to charge my stated below credit card for all purchases made with them.

COMPANY NAME	
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Credit Card Detail:

CARD TYPE	PERSONAL CARD		BUSINESS CARD	
CARD PROVIDER	VISA	MASTERCARD	AMEX	DISCOVER
CARD NUMBER			EXPIRY DATE (MM/YY)	
NAME ON CARD			SECURITY CODE	

Card Billing Details:

STREET ADDRESS					
CITY		STATE		ZIP CODE	

Authorization Signature:

I hereby authorize as the cardholder of above listed card to have my credit card saved in your file.
----- Signature
----- Date