



Credit Card Authorization Form

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Computer Concepts USA, Inc., to charge my credit card, for services provided. Computer Concepts USA Inc., will provide me with a daily invoice detailing dates of service and applicable fees. I further agree that in the event my credit card becomes invalid, I will provide Computer Concepts USA Inc., with a new valid credit card upon request, to be charged for the payment of any outstanding balances. Charge authorization may be withdrawn at any time by written notification.

Computer Concepts has been approved to charge my card the following amount: \$_____

Please Check One: Visa M/C (Card # _____

Exp. ____/____)

Security Code on Card: _____ (last 3 digits of code on signature line of Visa/MC, or 4 digit code on front of Amex Card.)

Card Holder Name _____ Title _____

Card Billing Address _____ City _____ State _____ Zip _____

Authorized Signature: _____ Date: ____/____/____

Computer Concepts will keep client's credit card on file and reserves the right to charge said card for any future past due invoices, expenses and charges.