



## Visa/MasterCard Charge Authorization Form

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Update International, to charge my credit card account in the amount of US\$ \_\_\_\_\_ as per Sales Order# \_\_\_\_\_.

Name on Credit Card: \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

Last 3 digit number at the back of the card: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_ Phone# \_\_\_\_\_

### Cardholder's Billing address

### Ship To

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of goods and services at the shipping address above. Further, I agree to reimburse Update International with the convenience and handling fee of 2.80% of the total amount due.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

As the credit card holder, I also authorize Update International, Inc. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: \_\_\_\_\_ / \_\_\_\_\_ Initials Here: \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Please fax this form with copy of credit card front and back to 323-585-0939.