



740 Driving Park, Suite A2
Rochester, NY 14613
(585) 697-0649
(585) 697-0665 fax
www.ourcomputerguy.com



913 Old Liverpool Road, Suite 1A
Liverpool, NY 13088
(315) 458-8877
(315) 458-8897 fax
www.ccplus-usa.com

CARD AUTHORIZATION FORM

Please fax to (585) 697-0665 Do Not Email Credit Card data

Company Name: _____ Date: _____

I, _____, authorize CCPlus Inc. to charge on my credit card the following:

Amount to be charged: _____ Invoice# (if applicable) _____

Frequency of approval (circle one): One time invoice noted above / Monthly Contracts / Annual Contracts

Credit Card Information

Credit Card: AMEX - M/C - Visa - Discover

(Please circle one)

Last 4 Digits of Credit Card _____

Credit Card Bill To Address: _____

City State: _____

Bill To Zip Code: _____

Cardholders Name: _____

(Exactly as it appears on the card)

Approval Signature: _____

Email Address for Receipt _____

Content Below will be shred and not retained by CCPlus

Credit Card Number: _____

Three or four digit code on the back (front of Amex) of the Credit Card: _____

Expiration Date: ____/____/____

(Month) (Day) (Year)

Name on Credit Card: _____

Please Note: All sales are final. No material is to be returned without written permission. All returned goods are subject to a 35% restocking fee. Our responsibility ceases when the goods have been given to the carrier / client. Credit card will be charged, purchase may not be shipped same day. All equipment charges are non- refundable.