

Credit Card Authorization Form

Please Print All Information Clearly

Credit Card Type: Visa MasterCard Discover American Express

Credit Card Number: _____

Expiration Date (MM/YYYY): _____ / _____

Name on Credit Card: _____

Address: _____
(Billing address as listed on credit card statement)

City, State, Zip: _____

Telephone Number: _____

Name of Bank Issuing Credit Card: _____
(for Visa & MasterCard only)

Credit Card Issuing Bank's Telephone #: _____
(for Visa & MasterCard only)

I hereby certify that I am the above credit card owner and authorize BiX International, Inc. (DBA BiX Computers) to debit my credit card for the amount of **US\$** _____

for online **order #**: _____

and I authorize BiX Computers ship the order to:

Name: _____

Address: _____

City, State, Zip: _____

Signature: _____ Date: _____

Card Holder's Name as it Appears on Card: _____
(Please Print)