



Computer Gate
2968 Corvin Drive. Santa Clara, CA 95051, USA
Tel: (408) 730-0673 Fax: (408) 730-0735

CREDIT CARD AUTHORIZATION

ATTN: ACCOUNTING DEPT CUSTOMER NO.:
FAX: (408)730-0735 ORDER NUMBER:

CARD HOLDER INFORMATION:

NAME (AS IT APPEARS ON CARD):
ADDRESS:
CITY: STATE: ZIP:
PHONE:

CREDIT CARD INFORMATION:

TYPE OF CARD: NAME OF FINANCIAL INSTITUTION:
ACCOUNT NUMBER: EXP DATE:
AMOUNT TO BE CHARGED: \$

SHIP TO INFORMATION:

COMPANY/NAME:
ADDRESS:
CITY: STATE: ZIP:
PHONE: FAX:

AGREEMENT

I, , AGREE TO PAY THE ABOVE AMOUNT AND IN ACCORDANCE WITH THE AGREEMENT GOVERNING THE USE OF SUCH CARD. THIS AGREEMENT IS GIVEN AS CONSIDERATION FOR GOODS ORDER ON (DATE) / /

CUSTOMER SIGNATURE

DATE

