

CREDIT CARD AUTHORIZATION FORM

Instructions:

1. Complete the form by printing legibly with a dark pen
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form back to us on our secure fax machine at (602) 441-2815 or Toll Free (877) 746-4039 to complete your order.

I, _____, hereby authorize Singo Solution to charge my credit card account in the amount of \$ _____ (including shipping and/or taxes, if applicable).

Type of Card: VISA MASTERCARD

Credit Card Number _____

Expiration Date _____ CVC Code (last three digits on the number on the back of the card) _____

Credit Card Billing Address

Requested Shipping Address

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: _____

Telephone: _____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholder's Signature _____

Date _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Singo Solution.

Complete and fax all documents required to: (602) 441-2815

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