



## **Credit Card Authorization Form**

This letter serves as an authorization for Techorium Inc to charge the following credit card for the total cost of the purchase, including shipping costs (Shipping costs are non-refundable.)

**All the requested information must be received to make the order valid.**

**Order #:** \_\_\_\_\_

Credit Card: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_ CAN / USD

Card Holder Signature: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_

\_\_\_\_\_

**Issuing Bank:** \_\_\_\_\_

Issuing Bank Telephone number: \_\_\_\_\_

**Provide a legible copy of the front and back of the credit card along with copy of valid ID such as Drivers License.**

Authorization form must be signed and returned by fax to Techorium Inc at 905-907-4775 before this order can be processed.

\_\_\_\_\_  
**Authorization Signature**

\_\_\_\_\_  
**Date**