



Credit Card Form

One time credit card authorization form

Sign and complete this form to authorize TECHNIMOUNT SYSTEM LLC. (Technimount) to make a one-time debit to your credit card listed below. By signing this form, you consent Technimount to debit your account for the written amount on or after the indicated date. This consent is for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____ (your name) authorize **TECHNIMOUNT SYSTEM LLC.** to charge my credit card account indicated below for \$ _____ USD (amount), on or after the ____/____/____ (date), this payment is for purchasing of the items stated in the quote or purchase order.

Billing Address: _____

Shipping Address: _____

Phone Number (Admin / Accounting): _____

Fax Number: _____

E-mail: _____

Account type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:	_____		
Account no:	_____		
Expiration Date:	____/____	CVV no:	_____

Person authorized to buy (name): _____

Company / Account Name: _____

EIN#: _____

For the complete Warranty and Return policies, please refer to the product's User Guide or the corresponding documents provided following your purchase. For further details contact customerservice@technimount.com

Signature

Signed in the city of: _____ Date: ____/____/____

APPLICANT

Name: _____

Authorized representative as declared
(Signature)