CORE
Computing Solutions, Inc

Payment Authorization Form

Description of Charges: _____

_____

_____

Amount of Charge: _____

Payment Type: MasterCard Visa AMEX

Card Number: _____

Expiration Date: _____

Card Verification Number: _____
(For MC or Visa the 3 digits printed on the back of your card to the right of your card number, for AMEX the 4 digits printed on the front of your card, above and to the right of the card number)

Name on the Card: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

I the above cardholder do hereby authorize Core Computing Solutions, Inc to charge my account for the above charges.

Authorizing Signature _____ Date_____