

## AUTHORIZATION LETTER

(Should be filled with type)

Purpose of Payment \_\_\_\_\_

### Select type of Credit Card

Master Card

Visa Card

American Express

Name of Credit Card holder as it appear on Card: \_\_\_\_\_

Credit Card No.

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Expiry Date:

Month		Year	

Amount: \_\_\_\_\_  
(As per invoice)

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Country: \_\_\_\_\_

By submitting this information, I agree to the following points, each of which I have checked. An order without all points checked will not be processed.

I have authorized to use the credit card account in question.

I understand that ANSINET will appear as the payee on my credit card statement

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

\_\_\_\_\_  
Signature of the Card Holder

Provide Front Side  
of your Credit Card



Provide Back Side  
of your Credit Card

