



Credit/Debit Card Authorization Form

Customer Information

Sales Order no _____ Customer No _____
 Company Name _____

Credit Card Information

Card Type Visa _____ MasterCard _____ Amex _____
 Account No _____ Exp _____
 Cardholder's Name _____ (As it appears on card)
 Card Billing Address _____

 City/Ville _____ Province/State _____
 Postal/Zip Code _____ Country _____
 Phone No () - _____ Fax No () - _____

I authorize HyperTec System Inc. to charge purchases of product to the above credit card in the amount \$ _____.

* All cancellations subsequent to the ordering of the product will incur a 25% fee.

Cardholder's Name (PLEASE PRINT)

Cardholder's Signature

Date

- I am the signatory for the credit card listed above and hereby guarantee that the information stated above is correct.
- All completed authorization form must be accompanied by a photo copy of both sides of a Valid Drivers License and other photo ID.
- Orders placed will be shipped to card holder address; unless specified otherwise.

Approval No _____

Signature _____ Amount Charged _____