



## Credit Card Authorization Form

I, \_\_\_\_\_ hereby authorize Bite Tech, Inc. to charge my credit card for the amounts invoiced.

**Customer/Company Name** (As it appears on the card): \_\_\_\_\_

Please check here if you would like us to keep your authorization on file for future purchases

**American Express / Discover / Visa / MasterCard** (please circle one)

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

Expiration Date: \_\_\_\_\_ Security Code/CVS: \_\_\_\_\_

Amount: \_\_\_\_\_ (shipping charges TBD)

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Facsimile: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_