



4025 Pleasantdale Road  
 Suite 550  
 Atlanta, GA 30340  
 Phone: (678) 206-LINK  
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**Credit Card Authorization Form**

Date: 12/18/2007

1. I/We \_\_\_\_\_ (Customer Name) of \_\_\_\_\_  
 (Company Name) have been communicated to about the terms and conditions of invoice number  
 \_\_\_\_\_ raised by iLink Professionals, Inc. d.b.a. iLinkPro on date \_\_\_\_\_.

I/We fully agree with the terms and conditions of the invoice number \_\_\_\_\_ and the amount  
 mentioned therein.

2. I/We \_\_\_\_\_ (Customer Name) of \_\_\_\_\_  
 (Customer Company) hereby authorize \_\_\_\_\_ (Employee Name)  
 to charge my/our credit card number \_\_\_\_\_, credit card type  
 (Visa/Master Card) \_\_\_\_\_, expiration date \_\_\_\_\_, for the amount of  
 \$ \_\_\_\_\_ (in words) \$ \_\_\_\_\_ against  
 my/our telephonic or fax order dated \_\_\_\_\_ for the invoice number stated in point  
 one above.

Credit Card Holder's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Please turn the credit card over to the signature pad on which there is a series of numbers. Please  
 write the last three digits in the following blank. \_\_\_\_\_.

Credit Card Holder's Signature: \_\_\_\_\_

**Please put this Credit Card on file for this order and all future purchases:** \_\_\_ Yes \_\_\_ No

Sales person Name: \_\_\_\_\_

Manager, iLink Professionals Inc. \_\_\_\_\_

"WE INTEGRATE TOMORROWS TECHNOLOGY  
 WITH YOUR BUSINESS TODAY!"

