



4025 Pleasantdale Road  
 Suite 550  
 Atlanta, GA 30340  
 Phone: (678) 206-LINK  
 Fax: (678) 206-0123

### Credit Card Authorization Form

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: \_\_\_\_\_

Sales person Name/Sign: \_\_\_\_\_  
 Manager, iLink Professionals Inc. \_\_\_\_\_

Please use this form for each credit card charge order placed by phone/fax.

Phone support \$25.00 per 15 minutes

Signature \_\_\_\_\_

