



1703 Webb Dr.  
 Suite C  
 Norcross, GA 30093  
 Phone: (678) 206-LINK  
 Fax: (678) 206-0123

### Credit Card Authorization Form

Date: 1/1/20

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. \_\_\_\_\_

NB:

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

"WE INTEGRATE TOMORROWS TECHNOLOGY  
 WITH YOUR BUSINESS TODAY!"

