



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: _____

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!"

