



Credit Card Order Verification and Authorization Form

All Fields Required

Company Name: _____ Contact Name: _____
Address: _____ Phone: _____
Fax: _____
E-mail: _____
Purchase order #: _____ USD\$ _____

(plus shipping and/or tax if applicable)

Card Type: [] Visa [] Mastercard [] American Express [] Discover

Name as it appears on card: _____

Account Number: _____ Exp. Date: _____

Card Verification Value (CVV): _____
(last set of 3 digits on the back of Visa & MC, 4 digits above last 4 #'s on front of AE)

Credit Card Billing Address: _____ Ship to Address: _____

Please pick whether this application is for a one time purchase or for all purchases.

- [] I hereby authorize Focus Technology to charge my credit card for the above dollar amount.
[] I hereby authorize Focus Technology to charge my above credit card for all purchases.

Cardholder Signature: _____ Date: _____

REF: _____