



**CREDIT CARD BILLING AUTHORIZATION FORM**

Credit Card Billing Information					
Name / Company Name					
Credit Card Type	Visa <input type="checkbox"/>	MC <input type="checkbox"/>	Amex <input type="checkbox"/>	Discover <input type="checkbox"/>	Other <input type="checkbox"/>
Account Type	Personal <input type="checkbox"/>		Business <input type="checkbox"/>		
Issuing Bank					
Credit Card Number					
CVC Number					
Expiration Date					
Billing Address					
City					
State / Province					
Zip / Postal Code					
Country					

Authorized User of Credit Card	
Name	
Phone Number	
Email Address	
Type of Charges	Once <input type="checkbox"/> Monthly <input type="checkbox"/>
Authorized Amount	
Date of Charges	

Authorization of Card Use
<p>I certify that all information above is complete and accurate. I acknowledge that all orders may be immediately terminated by <b>ZADOK TECHNOLOGIES INC</b> at its sole discretion if any charges are declined or charge backs are claimed against any outstanding invoiced account. Disputes to accounts invoiced should immediately be reported to <a href="mailto:linda.t@zadoktech.com">linda.t@zadoktech.com</a>.            I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "Authorized Amount" field. I understand this is only for up to this amount during the time period of "Date of Charges" referenced above. If additional charges are going to be authorized, a new form will have to be completed.            I certify that I am the authorized holder and signer of the credit card referenced above.</p>

Cardholder Name			
Signature		Date	