



2001 Broadway, 6th Floor
Riviera Beach, FL 33404
561-295-7899

Credit Card Payment Authorization Form

Remittance of this form indicates authorization on the part of the credit card holder to charge your account for amounts authorized on written orders, agreements and/or invoice(s) sent from CTIconnect LLC whether the order placed was written, faxed, emailed, entered via web or verbal. If this is a business credit card, the individual signing below must be authorized to make this charge on behalf of the named company.

Please complete the information below:

Customer Name: _____ Account Number: _____
(if known)

I _____ authorize **CTIconnect LLC** to charge the credit card
(full name of cardholder)
account indicated below for \$_____ .

This ONE-TIME charge is for Sales Order(s) _____.

I authorize **CTIconnect LLC** to charge this credit card for future invoices until further notice is given.

To prevent fraud or use of a stolen card, CTIconnect LLC **will only ship product to the BILLING ADDRESS** of the credit card.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

By checking this box, I agree to the terms of service agreement located on the CTIconnect.com website.

| | | | |
|---|-------------------------------------|-------------------------------|-----------------------------------|
| Account Type: <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover |
| Cardholder Name _____ | | | |
| Company Name _____ | | | |
| Account Number _____XXXXXXXXXXXXXXXXXXXX-_____ (Please only last 4 digits of credit card #) | | | |
| Due to security restrictions, we will call and get your full credit card number. | | | |
| Expiration Date _____ Billing Zip Code _____ | | | |
| CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____ | | | |

SIGNATURE _____ DATE _____