



## **CREDIT CARD AUTHORIZATION FORM**

**PLEASE READ THIS BEFORE YOU CONTINUE:** FORM MUST BE COMPLETED IN FULL, SIGN BY AN AUTHORIZED USER OF THE CREDIT CARD, ALONG WITH A CLEAR COPY OF THE CREDIT CARD AND AUTHORIZED USER DRIVER LICENSE OR PASSPORT PAGE SHOWING SIGNATURE AND PICTURE, FAXED TO (905) 940-6668 AND RECEIVED BY LONGTECH COMPUTER DISTRIBUTION INC BEFORE ANY ORDERS CAN BE MADE. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WON'T BE ABLE TO PROCESS YOUR ORDERS.

(NAME THAT APPEARS IN THE CREDIT CARD)

\_\_\_\_\_ **BY EXECUTING THIS AGREEMENT  
CONDITIONALLY AUTHORIZES LONGTECH COMPUTER DISTRIBUTION INC TO  
CHARGE THE FOLLOWING CREDIT CARDS:**



**CREDIT CARD TYPE:** ( Please Circle One)

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **CW 2 CODE:** \_\_\_\_\_

**CARDHOLDER BILLING ADDRESS** (REQUIRED) :

**STREET ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **POSTALCODE:** \_\_\_\_\_  
**PROVINCE:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**CARD HOLDER REGISTER PHONE NUMBER:**  
\_\_\_\_\_

(Please Check)  
**MULTI USE:** \_\_\_\_\_

**CARDHOLDER AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THIS AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THESE TRANSACTIONS I WILL NOTIFY LONGTECH COMPUTER DISTRIBUTION INC PROMPTLY TO RECERTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.