

# CREDIT CARD AUTHORIZATION FORM

Please Fax Back to pcRUSH.com at (310) 356-5160

## Billing Address

Customer Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____

## Shipping Address(if different from billing address)

Customer Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Card Type(circle one) :    Mastercard    Visa    Novus/Discover    AmEx
Card Holder(as printed on card): _____
Card Number: _____
Expiration Date(MM/YY): _____

pcRUSH Invoice#: \_\_\_\_\_ Purchase Amount: \_\_\_\_\_

I hereby authorize pcRUSH.com to charge my credit card for the preceding amount. I am including a **legible copy** of my **driver's license** as well as the **front and back of my credit card**. I understand that this is for verification purposes only to help deter credit card fraud/identity theft and will be kept strictly confidential.

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_