



ANY CARD, ANY USE

CREDIT CARD AUTHORIZATION
CARD INTEGRATORS CORPORATION
DBA: CI SOLUTIONS

Company Name: _____ Customer No. _____

Cards accepted: American Express / Visa / Mastercard / Discover

Credit Card Number: _____

Expiration Date: _____ / _____ Security Code: _____
MONTH YEAR

Card Holders Name: _____

Card Holders Signature: _____

Billing address the credit card statement is mailed to: _____

Card Holders phone#: _____

Invoice or Sales Order Number: _____

Total Amount: \$ _____ (Must include sales tax if applicable and shipping)

Person authorizing use of credit card and IS NOT THE CREDIT CARD HOLDER

Name: _____

Title: _____

Signature: _____

Date: _____

By signing you are authorizing CI Solutions to keep your credit card or BANK information on file to be used for future payments. If you do not want your bank information kept on file, please contact us at accounting@cardintegrators.com

Phone Number: _____

Email: _____

*******PLEASE FAX FORM TO 562-493-2714*******