

CREDIT CARD AUTHORIZATION FORM

I, _____, authorize First Resource Computers, Inc. to accept
CARD HOLDER NAME AS IT IS IMPRINTED ON THE FACE OF THE CARD

telephone, fax and e-mail orders on behalf of _____
Company Name

and charge them to my _____
VISA, MASTERCARD, AMERICAN EXPRESS

credit card # _____,

which has an expiration date of ____/____/____ and which
EXPIRATION DATE AS SHOWN ON CARD

_____ issued through _____,
IS / IS NOT COMPANY/EMPLOYER

my _____ the billing address of the credit card is
BILLING ADDRESS AS SUBMITTED TO CARD CARRIER

_____, and this address is on record with the credit card issuer. This authorization shall be effective until it is revoked in writing by me, or the credit card expires, whichever occurs first. The cardholder submitting credit card form must send a valid copy of their driver's license.

CARD HOLDER DRIVER'S LICENSE NUMBER AND STATE

SIGNATURE

____/____/____
DATE OF SIGNATURE

All quotes and advertisements reflect a 3% cash discount.

DO NOT WRITE BELOW THIS LINE. FOR INTERNAL USE ONLY