



CUSTOMER CREDIT CARD AUTHORIZATION FORM

**This information is confidential. This form will only be kept by MX Logic Finance Department.
Please complete and fax to 720.228.2359 or email to billing@mxlogic.com**

**Please tab to fill in applicable information.*

CUSTOMER NAME: _____

PHONE # _____ (example: 3038912425)

CUSTOMER ID: _____

NAME AS APPEARS ON CREDIT CARD: _____

CARD TYPE (Choose one): Visa MasterCard American Express

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ (month /year)

FOUR DIGIT CID AMERICAN EXPRESS: _____

THREE DIGIT CV CODE OTHERS: _____

CHECK ONE OR BOTH IF APPLICABLE:

- MONTHLY RECURRING ON BILLED CHARGES
- ONE -TIME CHARGE AMOUNT: US \$ _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

For MX Logic, Inc. Office Use Only:	CUSTOMER ACCOUNT NUMBER _____
Order Processed By: _____	Salesperson: _____
COMMENTS: _____	