

COMPUCASE CORPORATION / HEC GROUP

Credit Card Authorization Form

PLEASE FAX BACK TO 626-333-4368 or Email to peggy@compucaseusa.com

Order Information

Amount		Required
Name on the Card		Required
Credit Card Number		Required
Expiration Date (mmyy)		Required
Credit Card Type (Visa/MC)		Required
Customer Reference Number		
Sales Tax		
CVV2/CVC2		Required
Invoice Number		
Description		Required

Billing Address

Company		
First Name		Required
Last Name		Required
Address 1		Required
Address 2		
City		
State/Province, Zip Code, Country		Required
E-mail Address		
Phone		

Shipping Address (if different from above)

Ship to Company		
Ship to First name		Required
Ship to Last name		Required
Ship to Address 1		Required
Ship to Address 2		
Ship to City		
Ship to State/Province, Postal Code, Country		Required
Ship to Phone		

_____ (Required) _____ (Required)

Customer Authorization Signature

Customer Name (Please Print)

_____ (Required) Date:

Driver License Number

State

*Note: Credit card will be charged within 24 hours prior to shipment(s).