

ORANGE COAST MICRO CREDIT CARD AUTHORIZATION

By my signature below, I authorize Orange Coast Micro to process and charge my credit card for the purchase of product. I understand that shipping charges will be added. This authorization shall remain in effect until I revoke it in writing.

Company Name: _____

Credit Card Name: _____

Credit Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Credit Card Billing Address: _____

Credit Card Billing City: _____ State: _____ Zip: _____

Cardholder Telephone Number: _____

Signature of Cardholder _____ Date: _____

****NOTE**** Please attach photocopies of the front and back of the credit card and a copy of the cardholders valid drivers license.

Orange Coast Micro

Fax: (949) 722-1761