



Credit Card Authorization Form

(Please fill out all white boxes)

Which Vision X Sales Rep Are You Working With?			
Company Name			
Run my card for all authorized purchase orders? Circle or Highlight		Y	N
(OR) Run my card for invoices listed below			
Invoice #	Amount	Sub-total	

Credit Car Type (Circle or Highlight)	Visa	Discover	Amex	Mc
Credit Card Number				
Expiration Date	CCV			
Name On Card				
Billing Address				
City	State	Zip		

I (CARDHOLDER NAME) _____ HEREBY AUTHORIZE VISION X TO CHARGE MY CARD FOR THE CHARGES LISTED ABOVE.

Card holder's signature: _____.

If the order is to ship to an address other than your billing address, please acknowledge and approve.

I (Cardholder Name) _____ hereby authorize my order to be shipped to _____ or to address on authorized PO.

Card holder's signature: _____.

This form must be accompanied with legible copies of

- 1) Credit Card (Front)
- 2) Credit Card (Back)
- 3) Credit Card Holder's Driver's License

Fax to 253-218-2905 or E-Mail to info@visionxusa.com