



CREDIT CARD AUTHORIZATION FORM

DATE _____

CUSTOMER ACCT _____

CREDIT CARD TYPE _____

EXPIRATION DATE _____

CREDIT CARD ACCT # _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print) authorize LINKUSYSTEMS, INC. to charge the above credit card for all purchases posted to my account.

Cardholder's Signature

You must include a copy of the above mentioned credit card – both front and back.

PLEASE FILL OUT & FAX THIS FORM ALONG WITH A PHYSICAL COPY OF THE ACTUAL CREDIT CARD TO 951-848-9350.