

TECHVISION USA

CREDIT CARD VERIFICATION FORM

CUSTOMER NAME _____

ORDER NUMBER _____

DATE _____

CREDIT CARD TYPE _____ EXPIRATION DATE (MM/YY) _____ CVV # _____

CREDIT CARD NUMBER # _____

BILLING ADDRESS LINE 1 _____

BILLING ADDRESS LINE2 _____

BILLING CITY _____ BILLING STATE _____ BILLING ZIP _____

SHIPPING ADDRESS LINE 1 _____

SHIPPING ADDRESS LINE2 _____

SHIPPING CITY _____ SHIPPING STATE _____ SHIPPING ZIP _____

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

I, _____ (please print) authorize TechVisionUSA. to charge the above credit card for purchases made under my account on TechVisionUSA.com.

Cardholder's Signature

You must include a copy of the above mentioned credit card – front and back as well as a copy of your driver's license, state or federal ID card – front and back.

PLEASE FILL OUT & FAX TO (561) 288-5257
credit@techvisionusa.com