

TechPoint

Computing Resources Inc.

Credit Card Authorization Form

Visa **MasterCard**

Please complete all information below, sign and fax to:
TechPoint Computing Resources Inc.

(250) 832-9989 – Attention: Accounts Receivable

Card Holder Information

Name (as it appears on card): _____

Card Number: _____

Card Expiry Date: _____ / _____

Daytime Phone Number: () _____

Authorization

I, the designated and authorized signee cardholder of the above listed Credit Card, authorize TechPoint Computing Resources Inc. to charge the amount of:

\$ _____ applied to the above listed card.

*The total amount includes 3% Credit Card processing fee

Signature of Cardholder: _____

Date signed: _____ / _____ /20____
 Month Day

Head Office: #303 – 371 – Hudson Avenue, Salmon Arm, B.C. V1E 4N3
Vancouver: #708 – 2071 – Kingsway Avenue, Port Coquitlam, B.C., V3C 6N2
Tel: 1.604.472.9017 Fax: 1.604.832.9989 Toll Free: 1.888.801.1777