



CREDIT CARD AUTHORIZATION FORM

This form must be completed and signed to process your request. All information will remain confidential and will not be stored. Please return this form to our accounting department by E-Mail ap@cobrasys.com, secured fax 847-640-8368, or your direct point of contact within Cobra Systems.

CREDIT CARD INFORMATION:

Card Holder Name: _____

Credit Card Number: _____

Exp Date: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

CONTACTS:

AP Contact Name: _____ Phone Number: _____

Email: _____

Additional Contacts (For Invoice Copies): _____

SHIPPING INFORMATION:

Shipping CO: _____ Account Number: _____

Shipping Method: _____

Ship to Address (if different than billing): _____

City _____ State: _____ Zip: _____

By returning this Credit Card Authorization Form, I authorize Cobra Systems, Inc. to charge the agreed amount to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature: _____