

## CREDIT CARD AUTHORIZATION FORM

This form is to be completed by an authorized credit card holder for the card listed. I \_\_\_\_\_, hereby authorize goHardDrive.com to process a charge to my credit card. The amount of the charge is to be \$\_\_\_\_\_, PLUS shipping and tax, if applicable. If there has been a quotation prepared for this order, please indicate the quote number: \_\_\_\_\_.

Name as it appears on card: \_\_\_\_\_

Type of card (Please check):

VISA ( )

MasterCard ( )

AMERICAN EXPRESS ( )

Discover Card ( )

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ CCV Code: \_\_\_\_\_

### Customer Information:

#### **Credit Card Billing address:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **Ship This Order To:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

*As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.*

Cardholder Signature: \_\_\_\_\_

Cardholder Name (Printed): \_\_\_\_\_

**Please return this completed form via fax at 1-626-336-0676. Thank you!**

\*Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. goHardDrive.com will keep all information entered on this form strictly confidential. Forms will be shredded after order has been processed.

### Office use only:

<b>Total Charge w/ shipping &amp; tax: \$</b>	<input type="text"/>	<b>Invoice#:</b>	<input type="text"/>	<b>Approval Code:</b>	<input type="text"/>
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Copy of your Credit Card  
( Front )

Copy of your Credit Card  
( Rear )

Driver License / ID