



Account # _____
Rep # _____
Date _____ / _____ / _____

Credit Card Authorization Form

Showtime Computer

15 Derry St Hudson NH 03051

603-882-5400 Phone

603-883-9693 Fax

We Accept Visa, Master Card & Discover

I, _____ (card holder as printed on the card), authorize Showtime Computer Inc. to accept fax, e-mail and telephone orders and charge them to my _____ (card type) _____, with

Please Note: Visa and Mastercard we need the 3 Digit Security Code -- -- --

the expiration date ___/ ___/ ____ . This card is Personal or Company (circle one). The billing address of the credit card is _____, and the shipping address of the product is _____

_____. If the ship to address is not the same as my billing address I realize that I must call the credit card Company and add the ship to address to my account. This authorization shall be effective until the credit card expires or the cardholder revokes these privileges in writing, whichever happens first.

_____ (Signature) ___/ ___/ ____ (date)

Phone Number _____