CODEWARE™
Code Specialists

Credit Card Billing Authorization Form

Date: _____

Subject: Credit Card Payment For Invoice Number _____

To:	Payment Processing	**From:**	
Cc:		**Tel.:**	
Tel.:	(941) 927-2670	**Fax:**	
Fax:	(941) 927-2459	**Pages:**	

Please e-mail confirmation receipt to: _____

I, _____, hereby authorize Codeware, Inc. to charge
(Name of Cardholder)

_____ _____ ___ / ___ _____
(Credit Card Type) (Credit Card Number) (Exp. Date) (CCV No.)

for invoice number _____ in the amount of US$ _____.

_____ _____
(Authorized Signature) (Date)

Please be advised that many credit card issuing banks block foreign transactions as a type of fraud protection. If you are making a purchase from outside the United States, you may want to contact the bank at the number on the back of the credit card and have this transaction preapproved to expedite processing.

Credit Card Billing Address

Address: _____

_____

City: _____ State / Province: _____

Zip / Postal Code: _____ Country: _____