

Sphinx Computer
305 S Main St, Lombard, IL60148
630-652-0744

CREDIT CARD CHARGE AUTHORIZATION FORM

Visa, Master Card, Discover

**Please complete, sign and return by fax
or Email**

I, CARDHOLDER _____

AUTHORIZE TO CHARGE MY CREDIT CARD IN THE AMOUNT OF \$ _____

FOR (DESCRIPTION OF SERVICE) _____

CARD (PLEASE CHECK ONE)

- PayPal
- Discover
- MasterCard
- Visa

CREDIT CARD NO. _____

3Digits on the back, _____

EXPIRATION DATE _____

CARDHOLDER'S BILLING ADDRESS _____

PHONE _____

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE TERMS LISTED ABOVE

SIGNATURE _____ DATE _____