



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION

VISA Master Card American Express

Expiration Date: Month Year

Card number:

V-CODE : (3 or 4 digits security code)

Name as shown on card

Address of card holder City State Country Zip

Signature of cardholder Date of signature

P.O. Number / D-BOX Order Form (please attach copy) Amount *

Cardholder authorizes D-BOX Technologies Inc. to charge purchase(s) as shown above to this credit card.

BILL TO

Individual Name / Company Name

Address City State Country Zip

Telephone Fax Email address

FOR INTERNAL USE ONLY

Table with columns: Billing code, Description, Amount, RMA / AR / SER, Shipping, Taxes, Total, NOTES

PRIVACY POLICY Customer information will be kept strictly confidential by D-BOX Technologies Inc.

* Pricing is in USD, except for Canadian residents where pricing is in CAD. * Taxes will be charged if applicable.