CompuWizards
A Division of Visionary Services, Inc.

Kendall Executive Center
9555 North Kendall Dr. Suite #209
Miami, FL 33176

Tel: (305)598-8850
Fax: (305)598-8895
E-Mail: billing@compuwizards.net

CREDIT CARD AUTHORIZATION FORM

Please fill in **all** the information that is requested below and
Return by fax to: **(305) 598-8895** or Toll Free Fax: **(888) 891-8895**

Full Name	
Company Name	
E-Mail Address	
Tel	
Fax	

CREDIT CARD & BILLING INFORMATION	
Credit Card Number	
Expiration Date [mm/year]	
Card Type	☐ Visa ☐ Master Card ☐ Amex ☐ Discover
Security CVV **[Last 3 Digits on back of card]**	
Billing Address	
City, State, Zip Code	
Payment Reference [Invoice #]	

I, _____ authorize CompuWizards to charge my credit card for the purchase of goods and or services ***up to*** the amount of **$**_____ U.S. Dollars.

*50% of total will be charge prior to begin project, 50% remaining balance upon project completion with the customer's consent.	I agree: _____ [Initials]

***Signature*: X**_____ Date: _____

Print Name: _____
As it appears on card

IMPORTANT: For amounts larger than $1,000 you must submit copy of your card front & back.