



Midtown Micro, Inc.
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Rancho Cordova, CA 95741

Voice: (916) 442-2447
Fax: (916) 669-9473
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Authorization for Credit Card Use

Please print and complete this authorization form and return either by scan/email OR by fax.

Credit Card Information

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Card Type: Visa / MasterCard

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Payment Options (please choose one)

I authorize use of this card for ALL RECURRING PAYMENTS.

I authorize use of this card for the ONE TIME PAYMENT below.

One Time Amount to Charge: \$ _____

The One Time Amount above shall be applied to the invoice numbers listed below:

Cardholder Authorization (the name below must match the name on the card listed above)

I authorize Midtown Micro, Inc. to charge my credit card according to the Payment Options above.

Print Name: _____

Authorized Signature: _____ Date: _____