



# PARTpoint

The source in IT spare parts

## PARTpoint Inc.

355 North Mill Street, Suite 318

Aspen, CO 81611

303.847.4500 Tel

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[www.partpoint.net](http://www.partpoint.net)

## Credit Card Authorization Form

I authorize PARTpoint to charge the card below for charges incurred on my account until further written notice to terminate this authorization

Name: \_\_\_\_\_

Company: \_\_\_\_\_

City, Prov/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Credit Card:  VISA  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(if different than above)

City, Prov/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Please list all persons authorized to charge services to this card:

1.NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

2.NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

3.NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

By signing this authorization form, the Company acknowledges and agrees to be financially responsible for any and all charges incurred for the employees stated above. The authorizer hereby warrants and represents he/she has the authority to legally bind the Company as set forth herein. This form will be kept on file in the offices of PARTpoint Inc, and shall remain in effect until specifically revoked in writing. It is the responsibility of the firm/company named herein to provide written notification to PARTpoint Inc if a card has been canceled or revoked, and to file an updated Credit Card Authorization Form when modification of any of the above information is necessary, including modification of the expiration date when a credit card is renewed. In the event the charge against this account is denied, you will be notified immediately to make payment in cash, money order or certified check.

**Note:** This form must be manually signed and sent to PARTpoint Inc., along with a photocopy of the front and back side of the credit card.

Thank you for your assistance in keeping the integrity of our records and helping us to continue to provide superior customer service.

Please FAX completed form to: 303.847.4501

