

CREDIT CARD CHARGE AUTHORIZATION FORM

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential. When an order needs to be shipped to an address different from the billing address or when an international credit card is used, we need to obtain your authorization.

If you want us to ship your order to an address different from your billing address, you can either call your bank and add the second address as an authorized alternate shipping address or complete the form below.

- Fill out and print or print the blank form and complete the entire form legibly with a dark pen. Card holder must sign on the line indicated.
- Include a photocopy of the front and back of the signed credit card.
- Fax the completed form and the photocopies at the following **fax number: +39 080 40731187** or scan and email at the following **email address: info@digitalvoicerecorders.net**.

Billing Information		Shipping Information	
Name:		Name:	
Company:		Company:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Country:		Country:	
Phone:		Phone:	
Email:		Email:	

Write short comments or special instructions here: _____

Product Description	Q.ty	Unit Price	Amount
		€	€
		€	€
		€	€
		€	€
Subtotal:			€
Shipping method and costs (select a choice):			
Total:			€

Credit Card Information:

Card Number: _____ Expiration Month: _____ Expiration Year: _____

*Cvv N°: _____ Bank Customer Service telephone number _____

*CVV Number can be found on the back of your credit card after the end of the credit card number on the signature panel (**click here to view**).

I, _____, understand your **privacy policy and conditions** and hereby authorize Endoacustica to charge my credit card account in the amount of € _____ for the products listed above and appropriate shipping costs.

Signed _____

Date ____/____/____