



Credit Card Authorization Form

Please fax to: (732) 357-8777

I, _____, hereby authorize Aljex Software to charge my credit card account.

This is a one-time authorization for \$ _____ (initial here)

* Any cancellations before starting will incur a charge of \$50.00 or 10%, whichever is greater

* A 4% processing fee for all credit card payments will be added to the authorized amount

If you would prefer paying via credit card for all future billings, please initial here: _____

Authorization to process all future billings valid until: _____ / _____

() American Express () VISA () MasterCard

Credit Card Number: _____

Expiration Date: _____ / _____ VID Code: _____

Card Holder's Name: _____

Billing Address: _____

City: _____ State: _____

Zip Code: _____ - _____ Telephone: () _____ - _____

Email Address: _____

I hereby authorize charges on this card.

Cardholder's Signature

_____/_____/_____
Date

Your Name

Company Name

As the credit card holder, I also authorize Aljex Software to charge my credit card for future purchases verbally approved by me.

Aljex Software will keep all information entered on this form strictly confidential.