



CREDIT CARD AUTHORIZATION FORM

This form authorizes Everttek Computer Corporation to charge the credit card below for purchases, freight charges, refused orders, restocking fee's, short balances. Please out this form completely and fax back to: (760) 639-6490.

Credit Card Information

Credit Card Type: VISA MASTERCARD AMERICANEXPRESS

Card Number: FIRST DIGIT LAST FOUR DIGIT

Expiration Date:

Name on Card:

Credit Card Billing Address (where you receive your credit card statements):

Street:

City, State, Zip Code:

Everttek Account Information

I hereby authorize Everttek Computer Corporation of Oceanside, California to charge the credit card identified above in the amount of any outstanding invoice, freight charges, restocking charge (maximum 20%), or unpaid balances resulting from any order on the customer ID set forth below.

This form must be completed with each order (No Exceptions). Please make a copy for future orders.

Customer I.D.: SalesOrder#: InvoiceAmount:

Authorization:

I also understand that if there is **ANY** dispute or dissatisfaction regarding the merchandise paid herein, including fees paid by **Everttek Computer Corporation** to others, that said dispute shall be taken up **DIRECTLY** with **Everttek Computer Corporation**. I agree that I will **NOT** request a charge back or credit to my credit card in connection with any charge made pursuant to this agreement. I hereby expressly waive my rights to request any charge back against **Everttek Computer Corporation** now, and in the future.

In the event I do attempt a charge back to my credit card, then in the event of a lawsuit being filed by **Everttek Computer Corporation** in relation there to, the prevailing party shall be entitled to recover all related attorneys' fees and cost of suit.

Cardholder Name, Address, and Phone Number

Print Name

Authorized

