

Customer Information Section**Billing Information (Bill To)**

Company _____

P.O.C. _____

E-Mail _____

Phone _____

Fax _____

Billing Address

Ship To Address

Method of Payment
 Purchase Order P.O. #

REQUIRED PAYMENT TERMS - NET 30

 Credit Card Amount:
CC # Expiration: CCV/CID #

Notes:

Customer Payer Authorization

I authorize DTECH Labs to charge the credit card indicated in this authorization form for the amount indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount indicated. If additional charges are going to be authorized a new form will be issued with the correct charge.

Print Name: _____

Date: _____

Customer Authorized Payer Signature: _____

When completed as Adobe Reader form fillable the digital authorized signature locks all fields

DTECH LABS Receipt of Payment

Date Received _____

Authorized Signature: _____