

Credit Card Authorization Form

To: Bergenline Technical Services Inc. Our Fax # 201-358-9506

I _____ authorize Bergenline Technical Services Inc. to charge my _____ (Visa, Mastercard) account number _____, expiration date _____ in the amount of \$ _____.

Name of Organization _____

Cardholder Name _____

Billing Address _____

Billing City and State _____

Billing Zip Code _____

I understand that with all services there are no refunds for any reason. I also understand that my credit card statement will read 201-664-2709 Bergenline Technical Services Inc.

Here is my signature _____ **Date** _____

Here is my phone number I can be reached at _____

The charged amount is for the following products and or services:

Shipping Info: _____

When completed please fax this form to 201-358-9506. Thank You.

