



(DVRmart.com)

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CREDIT CARD AUTHORIZATIONS FORM

Date: _____

Company Name: _____

Customer Name: _____

I, _____ HEREBY AUTHORIZE "CTTI INC (DVRmart.com)" TO CHARGE MYCREDIT CARD FOR THE PURCHASE OF ANY PRODUCTS AND SERVICES SUBMITTED BY "CTTI INC(DVRmrt.com)" PLACED BY MYSELF, MY COMPANY, ITS PRINCIPALS, AND/OR ITS REPRESENTATIVES. THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND IS CONSIDERED CONFIDENTIAL. I ACCEPT THE TERMS AND CONDITIONS SET FORTH IN THE CORRESPONDING CREDIT CARD AGREEMENT AND THE "CTTI INC (DVRmart.com.)" SALES POLICY.

CREDIT CARD TYPE (please mark one) VISA MASTER AMEX DISC

ACCOUNT NUMBER: _____

CARD IDENTIFICATION NUMBER (CID): _____
3 or 4 digit printed number, not embossed, on the back of the card after the printed card number.

CARDHOLDER NAME: _____
Exactly what appears on the card

EXPERATION DATE: _____ DATE OF BIRTH: _____

CREDIT CARD BILLING ADDRESS:

CARD HOLDER'S PHONE NUMBER: _____

CARD HOLDER'S FAX NUMBER: _____

CARD HOLDER'S SIGNATURE: _____

Please attach copies of front and back of Credit Card and Driver's License of Cardholder.