



## Credit Card Authorization Form

Please complete the following form and fax or email it back to Citel in order to complete procedure. Information is subject to verification and approval from Citel.

**1. Billing Information** (Address must match credit card billing address, Citel accepts Visa, MasterCard and American Express)

First Name *		Last Name *	
Company Name			
Address *			
City *	State*	Zip Code *	
Country *			
Phone Number *			
Fax Number			
E-mail Address			

**By typing below or signing your name below, you expressly authorize Citel Technologies Inc. to charge the above credit Card for the amount indicated plus a credit card service charge for any billing that exceeds \$10,000\*. This authorization is for this transaction only.**

Amount (not to exceed)	
Number of Hours Support Provided	
Card Holder Name *	
Credit Card Type (MC/VISA)*	
Credit Card Number *	
Expiration Date (MM/YY) *	
Customer Signature *	

**2. Product Information**

Part Number *	
Part Description*	
Serial Number	
Ticket/RMA Number	

Please complete the form and return by Fax to 206-957-6275 or scan and return by email to [support@citel.com](mailto:support@citel.com)

\* Service Charge for Charges over \$10,000: Visa and Mastercard is 2.5%, for American Express 3.5%.