



CREDIT CARD APPROVAL FORM

Date: _____

CREDIT CARD BILLING NAME & ADDRESS;

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Amount: _____ M/C/VISA/AMEX: _____

Card #: _____

Expiration date: _____ Security Code: _____

I _____ approve Accudock to charge the above credit card in the amount of _____

Signed: _____ Date: _____

SHIPPING ADDRESS: _____

City _____ State: _____ Zip: _____

CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____