



GSI Technologies, LLC Credit Card Authorization Form

Please return form via email to [bsemkiv@gsitech.com](mailto:bsemkiv@gsitech.com) or by fax at (630) 325-8130.

I, \_\_\_\_\_  
hereby authorize GSI Technologies, LLC to charge my company credit card in the amount of \$ \_\_\_\_\_

Type of Credit Card:

Visa                       Master Card                       Discover Card                       American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code: \_\_\_\_\_

Credit Card Billing Address:

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Requested Shipping Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

*As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.*

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

As the credit holder, I also authorize GSI Technologies to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: \_\_\_\_\_

Initials Here: \_\_\_\_\_

Your completion of this form helps us to protect you, or valued customer, from credit card fraud. GSI Technologies, LLC will keep all information entered on this form strictly confidential. This is a contract. You agree to be bound by all of the Terms and Conditions attached hereto which are incorporated herein by this reference.