



Credit Card Payment Authorization Form

Please sign and complete this form to authorize GSI Technologies, LLC to charge your credit card listed below. By signing this form, an authorized officer gives GSI permission to debit the listed account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize GSI Technologies, LLC to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVS Code _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.