

E-TECH LLC

CREDIT CARD AUTHORIZATION FORM

PLEASE READ THIS BEFORE YOU CONTINUE: FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE CREDIT CARD, SCANNED, AND EMAILED TO support@etechcorporation.com. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WON'T BE ABLE TO PROCESS YOUR ORDER.

_____ **BY EXECUTING THIS**
(NAME AS IT APPEARS ON CREDIT CARD)

AGREEMENT UNCONDITIONALLY AUTHORIZES E-TECH LLC TO CHARGE THE FOLLOWING CREDIT CARD:

CREDIT CARD TYPE: (Circle One)



CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV 2 Code: _____ (Example below - Back of Card)

FOR THE AMOUNT OF: \$ _____

CARDHOLDER'S BILLING ADDRESS (Required):

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROVINCE: _____ COUNTRY: _____

BILLING: AREA CODE AND TELEPHONE No.: _____

DELIVERY ADDRESS (If different): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROVINCE: _____ COUNTRY: _____

AREA CODE AND TELEPHONE No.: _____

ORDER NUMBER: _____ BY: _____

_____ **CARDHOLDER AUTHORIZED SIGNATURE** _____ **DATE**

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY E-TECH PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.

