



WHIZZ SYSTEMS, INC.

3140 Alfred Street
Santa Clara, CA 95054
Phone: (408) 980-0400
Fax: (408) 980-1555
www.whizzsystems.com

CREDIT CARD AUTHORIZATION FORM

Company Information

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Project/Job No. _____

PO Number _____ Total Amount \$ _____

Cardholder Information

Type of Card: American Express®Card MasterCard Visa

Name (as appears on card): _____

Title: _____

Card Number: _____ Security Code: _____

(3 Digits Visa/MC – 4 Digits Amex)

Expiration Date: _____ / _____

Amount to be charged to card: \$ _____

I hereby authorize Whizz Systems, Inc. to charge this amount to the above credit card, including a 3% processing fee.

Authorized Signature _____ Date _____

For Whizz Systems, Inc. Use only

Credit Card Authorization # _____ Job # _____ Inv # _____ Inv Date _____