

Credit Card Authorization Form

Print this form and fax the completed copy to (407) 650-2507. Payments will be processed within one business day.

Company/Organization name: _____

Domain Name: _____

Street: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone: _____

Email: _____

I hereby authorize Vortech Inc. to process a charge on my credit card.
Monthly until the date I cancel

My card is a (select one): Visa MasterCard AMEX

The name on the card is: _____

The card number is: _____

The expiration date is: _____

Print name: _____ Signature: _____

Place a photocopy (back and front) of your credit card and Photo ID here:

Note: Please use the lightest setting on your photocopier.