

Shuttle®

Credit Card Authorization

Fax # 626-854-5351

Company name or individual : _____

Phone: _____ E-mail: _____

Credit Card type: Visa MC AE

Credit Card Number: _____

Expiration date (MM/YY): _____ CVV2#: _____

Name (as shown on card): _____

Billing address (as shown on credit card statement):

Address 1 : _____

Address 2 : _____

City : _____ State: _____ Zip Code: _____

I agree that I will not dispute any legitimate charges processed by Shuttle Computer Group, Inc. against the above referenced credit card. I have read and understood Shuttle Computer Group, Inc. Terms and Conditions of Sale as printed and agree that these terms shall govern my purchases from Shuttle Computer Group, Inc. I specifically understand that I will not dispute the credit card in an attempt to return the products back to Shuttle Computer Group, Inc.

This authorization will remain in full force and effect until terminated, in writing by me.

Acknowledge and Agreed:

RMA#: _____

Signature: _____

Date: _____

Print Name: _____