



215 E. Warm Springs Rd., Ste. 103, Las Vegas, NV 89119
Phone: (702) 804-6610 · Fax: (702) 804-6614

Credit Card Authorization Form

I, _____, hereby authorize Vegas Micro, to charge my credit card account in the amount not to exceed: \$ _____

VISA MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: ____ / ____ CVV Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Telephone: () _____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

Cardholder's Signature

____ / ____ / ____
Date

Printed Name

As the credit card holder, I also authorize Vegas Micro to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ____ / ____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Vegas Micro will keep all information entered on this form strictly confidential. Please fax this form back to us with a legible copy of the front and back of your credit card and your driver's license.