



2700 E. Patrick Lane., Ste. 1, Las Vegas, NV 89120  
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.