Applied Computer Online Services

Credit Card Guarantee of Payment

_____

Fax back to 408-551-6882

Date: _____   Sales Rep: _____

Contact: _____   Phone No.: _____

Company: _____   Fax No.: _____

Credit card #1: _____ Exp: _____ Amount _____CVV2#_____

Credit card #2: _____ Exp: _____ Amount _____CVV2#_____

Credit card #3: _____ Exp: _____ Amount _____CVV2#_____

Name on Card: _____   Total Amount _____

Billing Address: _____ Ship Address: _____

_____   _____

_____   _____

_____   _____

PO No.: _____

Other Information: _____

_____

_____

Please authorize $ _____ to process PO # _____.

I, _____, the credit card holder for the above credit card(s), agree to use the above listed credit card(s) for guarantee of payment. This credit card (or cards) is to be used to guarantee the payment of $ _____.

If payment is not received within _____days as agreed, this credit card will be charged with this amount plus 3%.

Signature: _____   Date: _____
          (Card Holder)