

Credit Card Authorization

From: _____ Date: ____/____/____

Email: _____

Please bill my (check one) Amex Visa Mastercard Discover

Card Number: _____ Exp Date: ____/____

Security Number (CVV2): _____

(Visa/MC/Discover Users: this number is printed on your signature strip, after the last 4 digits of your CC#. **Amex Users:** This number is printed on the front of your card in non-raised printing and usually consists of three or four digits.)

I hereby authorize CPR Tools, Inc .to charge my credit card
(check all that apply):

- For Data Recovery Services, not to exceed \$ _____ without my further approval.
- \$ _____ for _____
- \$ 150.00 evaluation fee

Charges associated with a data recovery must include the Control Number (CN or ICN) or RMA number here: _____

Signature of cardholder: _____

Billing Address: _____

Billing Zip Code: _____

Printed Cardholder Name: _____
(MUST be exactly as it appears on the credit card to be charged)

Once completed and signed, please fax this form so that we may have your authorization on file. Fax: 863-674-0066.