Credit Card Authorization

RETURN TO: 400 Lazelle Rd., Ste 7, Columbus, OH 43240 (614) 847-0400, Fax (614) 847-1112

Date: _____/_____/_____

This form, when signed will authorize Horizon Datacom Solutions, Inc. to charge your credit card for the amount shown. All information MUST be accurate or your order will be cancelled.

This authorization is for the purchase of :

Company Name:

Cardholder's name: (As stated on card) _____

Billing Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

Shipping address: (**if different from Billing**)

_____

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

Tel.# ( )_____ Email: _____

Card Type: (Please circle one) MasterCard Visa American Express Discover

Card Number #_____ Expiration Date: _____

3 / 4 Digit Card Security Code ___ ___ ___ ___

I herby authorize Horizon Datacom Solutions, Inc. to charge my credit card for the payment of the item(s) listed above. The issuer of the card identified is authorized to pay the amount shown as total upon proper presentation. I understand my credit card will be charged a total of **$**_____ US Dollars.

Authorized by: _____
(Print) (Signature)

This form must be completed and signed by an authorized user of the credit card. Please return via fax to 614-847-1112.

Shipping method: _____

Note: *NO ORDERS WILL SHIP BEFORE THIS FORM IS RETURNED THOROUGHLY COMPLETED!*

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