



## CREDIT CARD AUTHORIZATION FORM

When an order needs to be shipped to an address different from the billing address, or on orders over \$100, we need to obtain written authorization from the purchaser (much like signing a charge slip in a local store). Please complete and fax the form below back to us at our toll free secure fax machine. For alternate address issues, in lieu of this form, you can contact your credit card provider and have them add the ship to address you desire to your account. We must be able to get an approval code from them using that address, in order to ship, however.

### **Before Returning This Form Make Sure You Have:**

- Completed the form by printing legibly with a dark pen, all billing and shipping information in the blanks below. Make sure you have included the order or item number so we can reference your payment to an order in our system.
- Signed with the credit card holder's signature on the line indicated.
- Included a photocopy of the front and back of the signed credit card. This is required to prove that you are the actual cardholder and have the card in your possession, as well as match the signature on this form to it.
- FOR ORDERS OVER \$500 ONLY!** Include a copy of your state issued ID card, with your photo, or drivers license and signature. (Not required for orders under \$500.)

<b>Order Number / Item Number:</b> _____	
<b>Ordered From:</b> <input type="checkbox"/> YourOfficeStop.com <input type="checkbox"/> YourLaptopStop.com <input type="checkbox"/> eBay.com <input type="checkbox"/> Amazon.com	
I, _____, hereby authorize Manage My Printing, Your Office Stop, or Your Laptop Stop to charge my credit card in the amount of \$_____ (include shipping and/or taxes, if applicable).	
<b>Type of Card:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
<b>Credit Card Number:</b> _____	
<b>Expiration Date:</b> _____	
<b>CVC Security Code*:</b> _____	
<small>*For MasterCard, Visa and Discover this is the last three digits on the number on the back of the card. For American Express it is the four digits in the corner of the card on the front.</small>	
<b>Credit Card Billing Address</b>	<b>Requested Shipping Address</b>
Street: _____	Street: _____
_____	_____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Telephone: _____	Telephone: _____
<b>As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.</b>	
<b>Cardholder's Signature</b> _____	<b>Date</b> _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by our company.

**Complete and fax all documents required to our secure fax at: 1-866-205-1486**