



CREDIT CARD AUTHORIZATION

Date: _____ **Amount Charged Not To Exceed: \$** _____

I hereby authorize Baltic Networks to charge my credit card for purchases made from Baltic Networks. I understand that my credit card will be charged when the order is placed, unless other arrangements have been made. I understand that this card may be kept on file for further purchases.

This form will be valid only for the dollar amount noted above unless otherwise noted.

Company Name: _____

Credit Card #: _____ **Expiration Date:** _____
Mo./Yr.

Type (circle one): Discover Visa MC American Express

Issuing Bank & Phone: _____

Full name as appears on card: _____

Credit card statement address: _____

Street Address

City

State/Province

Country

Zip

The following persons (if any) are authorized to use this credit card on my behalf:

International Orders must fax a copy of the front and back of the credit card along with a valid form of ID for whom the card is issued to.

Card Holder Signature _____

Telephone # _____