



Credit Card Authorization

I hereby authorize B3 Systems, Inc. to charge my credit card.

Type of Card:

Visa Master Card Amex

Company: _____

Name :

(as it appears on the card) _____

Credit Card Number: _____

Expiration Date: _____

Security/CVC Code: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Contact Phone: _____

Contact Email: _____

Signature

:

Date:

Please return this completed form via fax [919-790-0550] or email to your project contact.