



Company HQ
8100 Camino Arroyo
Gilroy, CA 95020
United States of America

INSTRUCTIONS:

Scan/take a photo and email it to ccforms@digitalstorm.com or fax to 510-578-7988. This credit card authorization form is part of our verification process in order to protect our valued customers from fraudulent purchases.

1. CARD INFORMATION:

(1) ORDER #: _____

(2) Card Information

Card Type: _____

Name of Card Holder as it appears on the Card: _____

Credit Card Number (Last Four Digits): _____

(1) SHIPPING ADDRESS:

Street: _____

City: _____

State: _____ Zip Code: _____

(2) BILLING ADDRESS FOR CREDIT/DEBIT CARD:

Street: _____

City: _____

State: _____ Zip Code: _____

2. PHOTOCOPY OF CARD HOLDER ID

You must also attach photocopies of the photo ID of the card holder (front and back). Our processing team simply needs to confirm that you physically possess verification like you would at retail checkout.

3. PAYMENT AUTHORIZATION

I, _____ (Card Holder), hereby authorize Digital Storm to charge my credit/debit account (see card information above) according to the payment options specified herein for services provided by Digital Storm in connection with the invoice that Company has executed with Digital Storm. Under penalty of law I certify that all information contained herein is true and that I am the authorized Card Holder. Attached is a copy of the credit card and my driver's license. Card Holder and Company acknowledges and agrees that facsimile copies of the Agreement will be equivalent to original documents.

I authorize Digital Storm to charge my Credit/debit card \$_____ and ship to the shipping address above.

Card Holder Signature: _____

Effective Date: _____