



**Business Systems Connection, Inc.**  
**1449 W. Lark Industrial Dr.**  
**Fenton MO 63026**  
**Fax: (636)600-1401**  
**Phone: (636)600-1400**

This form will authorize Business Systems Connection, Inc. to charge your credit card for purchases made from the company shown.

**Company Name:** \_\_\_\_\_

**Name Imprinted on Credit Card:** \_\_\_\_\_

**Name/Title of Purchaser:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Card Type: Please Circle One** *MasterCard* *Visa* *AMEX* *Discover*

**Card Number #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**CVC Security Code ( 3 or 4 digit):** \_\_\_\_\_



I hereby authorize Business Systems Connection, Inc. to charge my credit card for the payment of the item(s) purchased. The issuer of the card identified is authorized to pay the purchase amounts. I understand my credit card will be charged to fulfill my obligation to Business Systems Connection Inc for equipment purchased.

**Authorized By:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

By signing the authorization form, the above company/purchaser acknowledges and agrees to be financially responsible for any and all charges incurred. Please return via fax to 636-600-1401.