



865 W 450 N, Suite 1, Kaysville, UT 84037
Phone: 877-678-3343

CREDIT CARD AUTHORIZATION AGREEMENT

Email Completed Form to
sales@optconnect.com

CUSTOMER INFORMATION			SHIPPING INFORMATION		
Company Name			<input type="checkbox"/> Shipping address same as billing address		<input type="checkbox"/> Address is a residence
Company Contact			Shipping Method	PO Number	
Telephone	E-mail Address		Ship-To Name	Ship-To Telephone	
Billing Street Address			Address		
City	State	Zip	City	State	Zip
OptConnect Partner Name	Connected Equipment		How did you hear about us?		

ADDITIONAL CONTACTS		
Contact Name #2	E-mail Address	Telephone
Contact Name #3	E-mail Address	Telephone

CREDIT CARD INFORMATION		
	Expiration Date	CW (Security Code)
Credit Card Number		
Card Holder's Name (as it appears on card)	I would like this card to be set up as default on my account. Yes No	

CREDIT CARD USAGE AGREEMENT	
<p>I, _____, hereby authorize OptConnect to keep my Credit Card on file for future purchases, and/or monthly contractual payments. OptConnect has the right to use this card on verbal and e-mail orders submitted by said Company.</p>	
Card Holder's Signature	Date