

NGD – New Generation Devices

Credit Card Payment Authorization Form

Please fax this document back to us with a copy of both sides of your credit card to 201-891-5715

Credit Card Type:

Your credit card number:

Expiration date on the credit card:

3 Digit Security Code on the back of the card:

Your name as it appears on the credit card:

The billing address that your credit card statements are mailed to:

Address:

City:

State/Province:

Zip/Postal:

Country:

Your phone number:

Your FAX number

Your E-mail address:

Payment Terms: I understand that payment is due before any orders will be shipped. And I authorize NGD to charge my credit card for the full amount of this order.

Please keep my signature information on file. I authorize you to bill my credit card for future purchases that my agents or I make via; your online, fax or phone ordering system.

Cardholders Signature
Date

Cardholders Printed Name