

CABERRA SYSTEMS, INC.

CREDIT CARD AUTHORIZATION FORM

Please complete the following authorization form and fax back to: (970)-373-4552

- Print this form.
- Place credit card on box below and photocopy form.
- Authorize the charges to your credit card by signing below.
- Fax signed form to (970)-373-4552. No cover sheet is required.

Description	
Reference Number	
Amount to be Charged:	

Credit Card	DISCOVER MC VISA (please circle one) <i>AMEX Not Accepted</i>		
Name on Card			
Account Number			
Expiration (xx/xxxx)			
Security Code (xxx)			
Billing Address			
State		Zip	

I agree to pay the total amount as entered above according to the card issuer agreement. I hereby authorize Caberra to charge the above credit card for this amount. I agree to be bound by Caberra use and warranty and return policies for this transaction, and agree to follow the instructions for the return of any merchandise. I also agree that the buyer is responsible for any cancellation and/or restocking fees in the event the transaction is cancelled or the merchandise is returned or refused.

I authorize charges on the above card as stated in the terms of our agreement.

Card Signature _____