



I _____ Authorize this amount \$_____ to charge my credit card
(NAME)

Software Title(s):

TOTAL AMOUNT TO BE CHARGED \$_____USD.

NAME ON CARD _____
(As it appears on card)

CREDIT CARD TYPE: VISA () MasterCard () AMEX ()

CREDIT CARD #: ____ - ____ - ____ - ____ / _____ (optional)

CARD CV2 # _____

EXPIRATION DATE ____ / ____

BILLING ADDRESS _____

BILLING ZIP CODE _____

PHONE NUMBER: _____

By typing your name in this SECURED encrypted form you give COMPUTER TEKS permission to charge your card for the amount listed above.

SIGNATURE

DATE