

**CREDIT CARD AUTHORIZATION**

Company Name \_\_\_\_\_ A/C \_\_\_\_\_

This is sufficient authority to charge my Jovan purchases to my credit card.

Visa Account Number

Expiry Date    
M M Y R

Master Card Account Number

Expiry Date    
M M Y R

Jovan Security Distributors is authorized to charge my credit card the amount of my purchases. The charge to my credit card will only be used for the purpose of purchasing hardware from Jovan Security Distributors.

\_\_\_\_\_  
Cardholder's Name  
Please Print

\_\_\_\_\_  
Cardholder's Signature  
Please Sign

\_\_\_\_\_  
Date

**PLEASE RETURN ORIGINAL FORM VIA MAIL**