

CREDIT CARD AUTHORIZATION FORM

When an order is to be shipped to an address different from the billing address or on orders with a value of over \$100.00, we require to obtain authorization to charge your Credit Card. You can either add the second address as an authorized alternate shipping address by contacting your credit card provider or you can complete and email or fax the form, below, back to us.

Instructions:

- 1. Complete the form by printing legibly, with a dark pen, all the solicited information in the blanks below.
- 2. The Cardholder must sign on the line indicated.
- 3. Include a photocopy of the front and back of the signed credit card and a copy of the Cardholder's I.D and/or Driver's License.
- 4. Email this form once completed, along with the photocopy of the signed credit card, to our secure fax machine at 1-951-270-1911 or escancorp@gmail.com to complete your order.

	, hereby authorize INCODE CORP. to charge my credit card, for the Order #
	_AMEX DiscoverPrepaid Card
Credit Card Billing Address:	Shipping Address (if different from billing address)
Cardholder Name:	Name / Company:
Street Address:	
City:	
State: Zip-Code:	State: Zip-Code:
Country:	
Telephone No.: ()	

Date:

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by INCODE CORP.

Complete and email all documents required to <u>escancorp@gmail.com</u> or text it to 951-270-1911 along with the corresponding Cardholder's Government Photo ID and/or Driver's License.

INCODE CORP.