

# Simulistic LLC

FAX this form back to Simulistic LLC at 703-940-9197

## Credit Card Authorization Form

This letter will authorize Simulistic LLC to bill my credit card (below) as follows:

Agreement Amount: \$

Shipping and Handling \$

Tax Amount: \$ (If you are not a Government Organization, and you are in the state of Virginia, include 5.0% sales tax. If you are tax exempt then include a copy of your tax exempt certificate with this authorization form.)

Total Amount\*\*: \$

*\*\*Note: The total amount includes tax (state of virginia), and shipping and handling charges*

Company Name: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Secure ID# on Card: \_\_\_\_\_  
additional 4 digit number on Amex., 3 digit on Visa/MC

Expiration Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Sign Name

Print Name

Date: \_\_\_\_\_

## Credit Card Statement Address:

As an added security measure we require your credit card billing address.

Billing Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Email address: Customer Confirmation will be sent to email address*

## Shipping Address: IF SAME AS BILLING INDICATE SAME

Shipping Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_