



### Credit Card Authorization Form

Form must be completed and signed by creditcard holder, then faxed to 216.791.8814, before any order can be processed.

Visa       Master Card       American Express

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_  
(MM/YY)

Name on Card: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Institution: \_\_\_\_\_

Ordered by: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

City State ZIP

Items/Services Ordered:	Price Each	Extended Price
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total \_\_\_\_\_  
S&H will be added by CTL.

I authorize Cellular Technology Ltd. (CTL), for itself and its affiliates, to use my credit card listed above for the total amount designated on this form and I understand that shipping and handling charges will be added by CTL.

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

Printed Name: \_\_\_\_\_