

Fax Back To: 855.937.4364

Name		Contact		Phone	
Address				Cell	
City/State/Zip				Fax	
GenesisFour Credit Card Usage Authorization Form					
Instructions: Fill out completely, sign, and fax back to 855.937.4364. If multiple payments are being authorized, be sure to sign the recurring Credit Card Usage Authorization section below. "I certify that I wish to make a product purchase from GenesisFour Corporation, PO Box 773, Andrews, South Carolina 29510 and authorize GenesisFour to use the credit card referenced below as payment for the purchase referenced below."					
X					
Signature			Date		
All sales are fina	l.				
Cardholder Information:					
Credit Card billing address if different from above:					
Street	City		State		
Credit Card account information:					
Card Type (check o	ne)	□Visa	a □MasterCard □	⊐Amex	
Account Number					
Name on Card					
Expiration Date					
Estimate or Invoice	#				
Amount of Purchas	e	\$			
Recurring Credit Card Usage Authorization: "I further authorize GenesisFour to keep the above mentioned credit card and account information on file, and to charge this credit card account on a recurring basis according to the purchase referenced above. If this credit card expires during this schedule, I agree to update the credit card account information I have supplied to GenesisFour such that no payments are delayed."					
X					
Signature			Date		
All sales are fina	l.				
Andrews, SC 295					
		AVG.	a allan		_
Windows Server 2008	R2	Authorized F	reseller	Z E B R A	PO Box 773 800-937-4364
CustomerLink 🧟		Office		tu .	www.genesisfour.com











