



# CREDIT CARD

## Payment Authorization Form

### PLEASE COMPLETE THE INFORMATION BELOW:

Name of Cardholder

Billing Address

City

State

Zip

Street

Phone

E-Mail

I authorize NT-US, Inc. to charge my credit card indicated below for payments towards my statement balance.

### CREDIT CARD INFORMATION

Cardholder Name (as shown on Credit Card)

Card Number

Expiration Date

CVV\*

\*3 digits on back of VISA/MasterCard/Discover & 4 digits on front of AMEX

By my signature above, I certify that I have signatory capacity with this credit card company to authorize charges on this credit card on behalf of my company. If the charges are declined, I personally and individually guarantee the payment of the above charges. I acknowledge that future orders may be authorized to this card – subject to the same terms and conditions as this authorization, and a confirmation provided if I request it.

**DATE**

**SIGNATURE**