



Credit Card Payment Request Form

Please print and fill out the following form completely to ensure timely processing. All information will be kept confidential. The completed form may be emailed to sales@genuitec.com or faxed to 1-214-853-4284.

Bold fields are required!

End User Information

End User Member ID (if an existing customer, if new leave blank): _____

End User Company: _____ End User Name: _____

End User Email: _____ End User Phone: _____

End User Address: _____

Order Information

Invoice/Quote/Reference: _____

Order Type: New Renewal Upgrade

Product: _____ **Quantity:** _____

Subscription Term: 1-Year 2-Year 3-Year

Billing Information Same as End User Info

Billing Company: _____ **Billing Email:** _____

Billing Address: _____ **Billing City:** _____

State/Province: _____ **Postal Code:** _____ **Country:** _____

Name On Credit Card: _____ **Card Number:** _____

Billing Phone Number: _____

Expiration Date: _____ **CVV Code:** _____ **Approved Amount to be Charged:** _____

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I authorize Genuitec, LLC to charge my credit card for the product fee listed above.

Signature: _____ **Date:** _____