Credit Card Authorization Form

I, _____(print name), hereby authorize Digisist™, to charge my credit card account for charges incurred from their services.

( ) VISA ( ) MasterCard ( ) American Express

Credit Card Number: _____

Expiration Date: _____ /_____ VID Code: _____

Credit Card Billing Address:

Street: _____

City:_____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: ( ) _____- _____

_____ ___/___/_____
Cardholder's Signature Date

As the credit card holder, I also authorize Digisist™ to charge my credit card for future purchases verbally approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Digisist™ will keep all information entered on this form strictly confidential.

Please fax this completed and signed document to (310) 765-7401.