



CLI, Inc.
580 South Melrose Street, Placentia, CA 92870
Tel: (714)572-8000 (800)727-5250 Fax: (714)572-8008
Web Site: <http://www.computerlab.com>

Credit Card Authorization Form

Request to accept credit card payment through facsimile transmission authorization.

(Please fax this completed authorization form to CLI. We will ship your order as soon as this authorization is processed. Thank you.)

TO: Computer Lab International

ATTN: _____

FAX: (714) 572-8011

DATE: _____

By signing this authorization form, I certify that I am either the cardholder or an authorized signer on the following account and that I have requested CLI, Inc. to charge my credit card account as indicated below:

Visa MasterCard American Express: If products are returned, a CLI company check will be issued in 3-4 weeks for the amount less 3% American Express fees.

Account Number: _____

Expiration Date (Month / Year): _____

Name as it appears on the card: _____

Authorized Signature: _____

Please print Name of
Authorized Signer above: _____

Amount Authorized: US\$ _____

Date: _____

Please check if you want us to keep your credit card information on file for future purchases.