







CONNECTICUT RESERVE TECHNOLOGIES, Inc.
 PO BOX 668
 GATES MILLS, OH 44040-0668
 USA

CREDIT CARD AUTHORIZATION FORM

Company Name: _____
 Customer Name: _____
 Your Company Purchase Code: _____
 CRT Invoice/Order Number: _____

Cardholder Name: _____
 BILLING Address: _____

 Country: U.S. Other: _____
 Telephone: _____

Credit cards only; no debit cards

Card Number:

Expiration Date: ____ / ____ (MM/YY)
 Validation Number: _____ (# from back of card)
 Amount: \$ _____ USD Auth # _____
(Office Use Only)

Cardholder authorizes Connecticut Reserve Technologies, Inc. to bill their credit card account (number referenced above) for the amount of the transaction indicated above and agrees to perform the obligations set forth in the Cardholder's agreement with the Card Issuer.

Cardholder
 Signature: X _____ Date ____ / ____ / ____
MM / DD / YYYY

Please Return via:	EMAIL	CCPAY@CRTechnologies.com
	FAX	1-918-513-6950
	MAIL	To the address at the top of the page.