

ServerCentral
209 W Jackson Blvd. Suite 700
Chicago, IL 60606-6936
Phone: (312) 829-1111
Fax: (312) 829-1110

Credit Card Charge Authorization

I, _____ hereby authorize
(Please print cardholder name)

ServerCentral

To charge my: *(Check One)* Mastercard Visa American Express Discover

Charge Card Number: _____

Expiration Date: _____/_____/_____

(Check One)

- In the amount of \$_____.____ U.S. Dollars *(Plus shipping and/or taxes when applicable)*
 I grant authorization to charge purchases on my card until privileges revoked in writing.

For: _____
(Please reference your invoice number, sales order number, or provide dates and services)

Cardholder Signature: _____ **Date:** _____

Cardholder Billing Address:

Company Affiliation (if any):
