www.epo-ecp.com

EPO Computers Electronics Etc.
110 East Medical Center Blvd.
Webster, TX 7598
Ph: (281) 286-5510 Fax: (281) 228-0500

CREDIT CARD AUTHORIZATION FORM

Company Information		
Legal Name of Business or Individual Authorizing Charge		
Physical Business Street Address (NO P.O. Boxes)		
City	State	Zip
Business Phone	Fax	Email Website / URL

Credit Card Information		
☐ Visa ☐ Master Card ☐ American Express		
Credit Card Number	Expiration Date	
Name as it Appears Exactly on the Card	Bank Name on the Card	
Billing Address (As Shown on the Card Statement) Street City State Zip	Ship To (If Different than Bill To - Must be on File W/Bank) Street City State Zip	

Names of Alternate Authorized Credit Card Users Print Name Print Name
If you are Authorizing Another Party to Pick Up for you: List Print Name Print Name

I Herby Authorize EPO Computers Electronics Etc. to Charge my Credit Card Account in the Amount of, or not to Exceed $ (On File)
for the Purchase of Personal Computer and/or Eletronic Components.

Your Signature on this Form Releases EPO Computers Electronics Etc. from any Liability in the Transportation of Said Product.

Please Fax Completed Form Along with: **1) Copy of Cardholder's Drivers License**
2) Readable Copy of Credit Card (Front & Back)

I, the undersigned, agree that I will not dispute any legitimate charges processed by EPO Computers Electronics Etc. against the above referenced credit card. I specifically understand that if the goods I purchased need to be returned that I must first obtain an RMA (Return Merchandise Authorization) number from customer service. I also understand that in certain situations some products may not be returnable (I.e. special orders) and that any shipping charges will not be credited. If the RMA is approved, credits will be issued only after the goods with complete accessories under resalable conditions are returned and received by EPO Computers Electronics Etc. I am also aware that I may be charged a restocking fee up to 15% on any returned goods.

Acknowldged and agreed: Signature: Print Name: Date:

PLEASE FAX COMPLETED FORM TO 281-228-0500