



CREDIT CARD AUTHORIZATION FORM

LETTER OF AUTHORIZATION FOR Cubicles, Inc. TO CHARGE MY CREDIT CARD

Company Name							
Cardholders Name (Exactly as it appears in credit card)							
Credit Card Type	<input type="checkbox"/> Amex		<input type="checkbox"/> Visa		<input type="checkbox"/> Master		<input type="checkbox"/> Discover
Credit Card Number							
Expiration Date	(mm/yy)			CVC Number			
Billing Address							
City		State		Zip Code		Country	
Phone Number	()	-		Fax Number	()	-	
Shipping Address	<i>(If different from billing address)</i>						
City		State		Zip Code		Country	
Phone Number	()	-		Fax Number	()	-	
Amount to be charged	\$						
3% Convenience Fee	\$						
TOTAL AMOUNT	\$						
TOTAL AMOUNT (in words)							

I hereby authorize Cubicles, Inc. or its subsidiaries (cubicles.com) to charge my **AMEX, VISA, MASTER, and/or DISCOVER** card. I acknowledge execution of and agree to all terms and conditions set forth in the Equipment Purchase Agreement and/or Invoice corresponding to the amount being charged.

By signing below, I acknowledge and accept full responsibility for the charges described herein to the AMEX/VISA/MASTER/DISCOVER merchant account of Cubicles, Inc. or its subsidiaries on my behalf.

Payment in full is to be made when billed or in accordance with the policy of Amex, MasterCard, Visa, Discover.

Note: Identification is required. Please provide a photocopy of the credit card (front and back) and passport or driver's license of the Cardholder.

Cardholders Signature:

Date: