

CREDIT CARD AUTHORIZATION FORM:

VisaCard, MasterCard, DiscoverCard, AmericanExpressCard

SOFTWARE REGISTERED USER INFORMATION: ID# or CEDULA

First Name:	Middle:	Last Name:		
Address:		Phone #:		
E-mail Address:			_	
CREDIT CARD HOLDER I	NFORMATION:			
Ι	, authorize Cosmic	Patterns Software	e, Inc. to charge the amount of	
	to my credit card for the ord ser" including the shipping cost:	ler of the following	ng products registered to the	
C C				
List of Products:				
Shipping Method:		Shipp	bing Cost:	
	ljusted to the appropriate shippin		C C	
CREDIT CARD#:	E	xp. Date:	CardCode:	
Card Holder's Name (that appe	ears on card):			
Billing Address:	Phone #:			
	E	E-mail:		
Attached is a copy of the front rized and legal Card Holder (or	and back of my credit card, and wner) of this credit card.	ID card or Cedula	a. I confirm that I am the auth-	
Signature:		Date:		

Fill out this page, sign it, then either save it to file and e-mail it to us or print it & fax it to 1-352-374-8826