

 **MILLENNIUM INFORMATION TECHNOLOGIES**

*Millennium Information Technologies Inc.  
1885 McFarland Rd , Alpharetta GA 30005  
Ph:678-297-9823 Fax:678-297-9824*

**CREDIT CARD AUTHORIZATION FORM:**

TODAY'S DATE: \_\_\_\_\_

Type of Credit Card: Visa: \_\_\_\_\_ MC: \_\_\_\_\_ Amex: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Four or Three Digit Security Code: \_\_\_\_\_

Charged for transaction to be applied: \$ \_\_\_\_\_

Description of Hardware \_\_\_\_\_

Card Holders Purchase Order Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Credit Billing Address: \_\_\_\_\_

\_\_\_\_\_

I authorized the above mentioned credit card account to be used for payment of Millennium Information, Inc. invoice.