



CREDIT CARD AUTHORIZATION

| | |
|----------------------|--|
| Type of card: | |
| Account number: | |
| Name on Card: | |
| Expiration Date: | |
| CCV (security code): | |
| Phone Number: | |
| Company Name: | |
| Billing Address: | |
| Total Amount *: | |
| PO #: | |

***A 3% handling fee is added to all orders.**

By signing below I authorize Legacy Components, LLC to charge my credit card and acknowledge that I am the cardholder and/or an authorized user.

| | |
|------------|--|
| Signature: | |
|------------|--|

I authorize LEGACY COMPONENTS, LLC to charge my

Visa MasterCard American Express

Keep on file for all future billings: Y or N