



## ITG Rhinotek CREDIT CARD AUTHORIZATION FORM

Dear Valued Customer,

In order to protect our customers and our business, we request that you provide us with the following information:

I, the undersigned, authorize ITG Rhinotek to charge my credit card account with the information as follows:

COMPANY NAME: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SECONDARY CARDHOLDER: \_\_\_\_\_

TYPE OF CARD:  VISA  MASTERCARD  AMERICANEXPRESS

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ DATE: \_\_\_\_\_

CARD HOLDER SIGNATURE: \_\_\_\_\_

Please return this approval form via fax with a photocopy of the above credit card to 310-638-8206.

Note: All information contained on this form must be updated every 24 months and/or upon expiration of credit card, whichever first occurs. If you have any questions, please contact our Credit Department at (800) 695-7446 x 1251. Thank you.