Credit Card Authorization Form

I, _____, hereby authorize ProTrackGPS, Inc. to charge my credit card account in the amount not to exceed: $_____.

( ) VISA ( ) MasterCard ( ) AMEX

Credit Card Number: _____

Expiration Date: _____/_____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: ( ) _____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: ( ) _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

_____ ____/____/_____
Cardholder's Signature Date

As the credit card holder, I also authorize ProTrackGPS, Inc. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: _____/ _____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. ProTrackGPS, Inc. will keep all information entered on this form strictly confidential.

Please Fax or Mail completed form to:
ProTrackGPS Inc.
17606 N. 17th Pl. S-1124
Phoenix, AZ 85022
Fax: 602.485.3990