



Team 1 Systems, Inc.
780-H Pine Valley Drive, Pittsburgh, PA 15239
Tel: (724) 387-1766, Fax: (724) 387-1769

Credit Card Authorization Release Form

Company Name: _____ DBA _____
Billing Address: _____ City _____ State _____ Zip _____
Business Address: _____ City _____ State _____ Zip _____
Phone #: _____ Fax #: _____

I _____ (Name of Owner or officer) authorize Team 1 Systems, Inc. to charge the following credit card for the above company's current and future purchases and I absolutely & unconditionally guarantee payment for any purchases made with the credit card account identified below, including renewed cards.

Signature of Owner/Officer Title Date

Credit Card Information

Cardholder's Full Name: _____
Corporate Name: (If Business Card) _____
Cardholder's Billing Address: _____
State _____ Zip _____ Phone # _____
Credit Card Account # _____ Sec Code _____
Type of Credit Card: Visa___ Master___ Amex___ Exp. Date _____
Cardholder's Signature: _____ Date: _____

Shipping Addresses

Recipient's Name: _____
Recipient's Address: _____
State _____ Zip _____ Recipient's Phone # _____

I authorize Team 1 Systems, Inc. to ship the merchandise purchased with the above credit account to the above addresses under the heading "Shipping Addresses". I am fully aware that my credit card is being charged for any such purchases. I will not hold Team 1 Systems, Inc. responsible in any way for shipping the merchandise to such addresses.

Cardholder Signature: _____