



865 W 450 N, Suite 1, Kaysville, UT 84037
Phone: 877-678-3343

CREDIT CARD AUTHORIZATION AGREEMENT

Email Completed Form to
sales@optconnect.com

CUSTOMER INFORMATION				SHIPPING INFORMATION			
Company Name				<input type="checkbox"/> Shipping address same as billing address		<input type="checkbox"/> Address is a residence	
Company Contact				Shipping Method		PO Number	
Telephone		E-mail Address		Ship-To Name		Ship-To Telephone	
Billing Street Address				Address			
City		State		Zip		City	
City		State		Zip		City	
City		State		Zip		City	
OptConnect Partner Name		Connected Equipment		How did you hear about us?			
ADDITIONAL CONTACTS							
Contact Name #2				E-mail Address		Telephone	
Contact Name #3				E-mail Address		Telephone	

CREDIT CARD INFORMATION		
Expiration Date		CW (Security Code)
Credit Card Number		
Card Holder's Name (as it appears on card)	I would like this card to be set up as default on my account. Yes No	

CREDIT CARD USAGE AGREEMENT	
<p>I, _____, hereby authorize OptConnect to keep my Credit Card on file for future purchases, and/or monthly contractual payments. OptConnect has the right to use this card on verbal and e-mail orders submitted by said Company.</p>	
Card Holder's Signature	Date