

# Techland Associates Inc

2786 Bayview Dr. Fremont, CA 94538  
Tel: 510-979-8822 Fax: 510-979-9911

## Credit Card Processing Authorization Form (Visa, MasterCard, Discover, & American Express)

Company Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ (mm / yy)

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Card ID: \_\_\_\_\_ (3 Digits for Visa, MasterCard, & Discover  
4 Digits for American Express)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please provide ALL information, sign and fax back to: 510-979-9911**