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## CREDIT CARD AUTHORIZATION FORM

**Billing Information (IMPORTANT, please provide the address the credit card company has on file)**

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

First Name: \_\_\_\_\_ Mi: \_\_\_\_\_

Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

(Where your statement is sent)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I Authorize Digital Bay Tech LLC to keep this card on file for present and future purchases:

### CREDIT CARD INFORMATION

VISA

Mastercard

Discover

Name of Cardholder: \_\_\_\_\_

(Cardholder must be principal, officer, or owner of company/corporation)

Credit Card Number: \_\_\_\_\_ Exp (MM/YY): \_\_\_\_\_

CVV Code (3-digit code on back of card): \_\_\_\_\_

On behalf of the company who plan to make purchases with Digital Bay Tech LLC, I/We warrant that the information contained herein, and which may be attached hereto is true and complete. Digital Bay Tech LLC is authorized to obtain any additional information it may consider necessary for determination prior to credit card purchases. I/We understand that in the event of any default, the Purchaser shall be responsible for all costs of collection, damage, and expenses including actual attorney's fees and costs, whether or not, litigation is commenced; that suit may be brought in the Court of Miami-Dade County in the event of litigation against the Purchaser.

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

