



Credit Card Authorization Form

Customer Information

Customer's Name: _____
Company's Name: _____
Address: _____
Telephone: _____ FAX: _____

Credit Card Information

I hereby authorize Microware Inc to charge my (circle one):

- VISA
- Mastercard
- Discover
- American Express

Credit Card #: _____
Expiration date: _____
Cardholder's Name: _____
Cardholder's Signature: _____
Credit Card Billing Address: _____
Issuing Bank: _____
Telephone of Issuing Bank: _____

Attach Copy of Driver's License showing signature: Yes

Instructions: Send completed form to Microware Inc., PO Box 6610, Fort Myers, FL 33911
Telephone: (239) 936-4535 FAX: (239) 936-9358
E-Mail: info@microwareinc.net Website: <http://www.microwareinc.net>