

Oberlin Technology Store Authorization Form

Please only use this form for purchases made through the Oberlin Technology Store.

Send by fax or mail only; do not email.

All information must be provided for the validation of the sale. Order will NOT be filled if any of the blanks below do not contain all the appropriate information. Card holder name, signature, and signature MUST match for the completion of the transaction.

Card Holder Name (please print or type): _____

Billing Address of the Card Holder: _____

City: _____ State/Province: _____ Country: _____ Zip: _____

Card Holder Account Number (16 digits): _____ Card expiration date (4 digits): _____

Please circle the type of credit card: VISA MASTERCARD DISCOVER

IMPORTANT: Turn the card over. In the signature box there should be an electronic reprint of your account number. This number should match exactly except for the last three digits. These digits are the **CVV2 code**.

Please write the **CVV2 code** here: _____

Maximum Amount to be charged including 6.75% sales tax, in U.S. dollars: _____

Work phone: () _____ Home phone: () _____

I AGREE TO PAY THE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT

Card Holder signature: _____ Student Name: _____

Student T Number (9 digits): _____ *For Store Use Only:* Order Number _____

Please copy both sides of your signed credit card in the space below, and fax your completed form with the copy of the credit card to Walt or Linda, Oberlin Technology Store, (440) 775-8573. DO NOT EMAIL THIS FORM! Prices subject to change without notice.

This form is only needed if you (the card holder) will not be present at time of purchase and you need you son or daughter to use your credit card.

ONLY

