



**CREDIT CARD AUTHORIZATION FORM**  
**FAX # (573) 581-8002**

Regulations pertaining to credit card purchases require Q Security Solutions L.L.C. to obtain the following information in order to process any credit card purchases without physical possession of the card and the embedded information on the magnetic strip. Please fill out this form completely to assure prompt order processing and fax it back to 573-581-8002.

**CUSTOMER INFORMATION**

_____ COMPANY NAME		
_____ ADDRESS		
_____ CITY	_____ STATE	_____ ZIP CODE
_____ TELEPHONE NUMBER		

**CARDHOLDER'S INFORMATION**

_____ CARDHOLDER NAME	PLEASE CHECK APPROPRIATE BOX		
_____ CARDHOLDER'S ADDRESS	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	<input type="checkbox"/> M/C
_____ CITY	_____ STATE	_____ ZIPE CODE	_____ CARD NUMBER
			_____ EXP. DATE
_____ PLEASE SPECIFY CREDIT LIMIT FOR CHARGES – RECEIPTS TO BE PROVIDED			

I certify all information provided to Q Security Solution L.L.C. is true and correct to the best of my knowledge and hereby authorize Q Security Solutions L.L.C. to charge the card as specified above for the purchases made by me from Q Security Solutions L.L.C.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT CARDHOLDER'S NAME CLEARLY

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