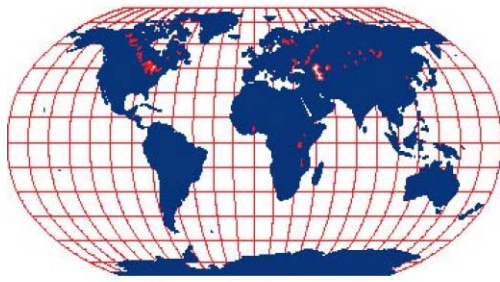


# SophTech



## Worldwide

# SophTech, Inc.

15252 Stoney Creek Way Ste # 104  
Noblesville, IN 46060

[www.sophtech.net](http://www.sophtech.net)

[sales@sophtech.net](mailto:sales@sophtech.net)

**Credit Card Authorization Form - Please complete and fax to 317-776-5687**

**Company Name:**  
**Invoice Number:**

**Total Charges:**

(Please fill in the Invoice Amount)

**Card Type:**                      American Express                      MasterCard                      Visa                      Discover

**Card Number:**

**Name On Card:**

**Expiration Date: Example: 01/2005**

**Credit Card Billing**

**Address:**

**Billing Zip Code:**

**Credit Card ID #** \*The credit card ID # can be found on the back of Visa and Mastercards or on the front of American Express cards as shown in the images below.



**I, authorize SophTech, Inc. to bill the above listed credit card for the amount shown for "Total Charges". This charge is for products supplied or services performed by SophTech, Inc. with my/our authorization.**

**Card Holders Signature: Date:**

**Office: 317-776-5680 Fax: 317-776-5687 Email: sales@sophtech.net**