



**AUTHORIZATION TO CHARGE VISA/MASTERCARD,
FOR PURCHASES MADE WITH ARIBATECH, DALLAS**

Date: _____

Cardholder Name: _____

Billing Address: _____

I hereby authorize AribaTECH, to charge my (circle one) Visa / MasterCard / Discover

account # _____

for products and/or services purchased and authorized with AribaTECH, Dallas. All products and services have been completed as agreed.

Bank Name: _____

Card Number: See Above

Expiration Date: _____

CCV Code: _____

(Three numbers on back of card)

Cardholder Name: _____

Signature: _____

* Cardholder agreement terms and conditions apply. Signature above agrees not to dispute charge.

Office Use Only:

Order Number: _____

Amount Due: _____

*Confirmation date/time: _____

By (accounting dept.): _____

*For the customer's protection, AribaTECH Dallas Accounting Dept. will contact the cardholder for an order confirmation before making any charges to the account.