



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN IT TO
INTELLIPEAK SOLUTIONS, INC.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Discover AmEx

Credit Card Number: _____

Expiration Date: _____

CVV Number (last 3 digits located on the back of VISA/MC/Discover card, front 4 digits on
American Express card): _____

Amount to Charge: \$ _____ (USD) One Time Recurring

I authorize IntelliPeak Solutions, Inc. to charge the agreed amount listed above to my credit
card provided herein. I agree that I will pay for this purchase in accordance with the issuing
bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed, return the completed form to:

**IntelliPeak Solutions, Inc., 7600 Downstream Court, Fredericksburg, VA 22408
or via email to contracts@intellipeaksolutions.com or via fax at (202) 478-0910**