

**ELITE Simulation Solutions**

5700 Dot Com Court  
Suite 1010  
Oviedo FL 32765-3400

Date: \_\_\_\_\_

To: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Credit Card Authorization Form			
VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	American Ex <input type="checkbox"/>	Discover <input type="checkbox"/>
Credit Card Number _____		Exp Date _____	SIC _____
<b>Please submit a photocopy of the back side of your credit card</b>			

**CARD BILL TO ADDRESS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SHIP TO ADDRESS**  Same as Bill To

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby authorize ELITE SIMULATION SOLUTIONS, to charge the amount of \$ \_\_\_\_\_  
to the account specified above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date

This procedure has been initiated to protect ELITE Simulation Solutions and it's customers from credit card fraud. The purpose of this form is to prevent an unauthorized purchase with your credit card and having the product shipped to a fraudulent address. Your order will not be processed until this form is returned.

**Fax to: 407-359-8099**