



Credit Card Authorization Form
Fax: (425) 828-9682

For orders greater than \$2,000, Logix will apply a 5% surcharge for payment with VISA

I hereby authorize The Controls Group, Inc. (dba Logix) to bill my VISA / MasterCard credit card with the details below.

Name as it appears on card: _____

Card Number: _____

Expiration Date: _____

V-Code (3 digits on back): _____

Address where card statement is mailed:

Billing Street Address: _____

Billing City, State and Zip Code: _____

Phone Number: _____ Email: _____

Purchase order number (optional) _____

Company Name: _____

Cardholder Signature: _____