

To: Digitizing World /
SuperGroup International
1825 NE 149 Street
Miami, Florida 33181
Phone: 305-945-8888
Fax: 305-945-0300

***** REQUIRED TO ACCOMPANY THIS FORM IS *****

a legible copy of front and back of the credit card
a legible copy of the driver's license of cardholder

Credit Card Authorization

I hereby authorize Digitizing World/SuperGroup International
to charge my credit card \$ _____ to pay for services or purchases subject of
quote/contract/invoice number(s) _____ dated _____.

Company Name: _____ Date: _____

Cardholder Name: _____ ()Business ()Personal

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Tel: _____ Fax: _____ Cellular: _____

Email: _____

******* REQUIRED *******
a legible copy of the front and back of the credit card
a legible copy of the driver's license of cardholder

Type of Card: _____ 3 or 4 digit security code (back or front of card): _____

Credit Card Number: _____

Expiration Date: _____ Name of Bank: _____

I, _____, hereby authorize Digitizing World/SuperGroup International
(cardholder's name)
to use the above credit card for payment on this order.

Cardholder Signature _____

This form must be completed in full, and signed by an authorized user.