



CREDIT CARD PAYMENT FORM

Visa

MasterCard

Discover

AMEX

I authorize KAZMAREK TECHNOLOGY SOLUTIONS, INC. to charge my credit card for all Service and Product Invoices generated by Kazmarek Technology Solutions, Inc.

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Billing Address: _____

City/State/Zip: _____

Authorization: _____ Date: _____