



**2000SOFT, LLC
Credit Card
Authorization Form**

Please fax the completed form to
949-699-1776

Date: _____

We hereby authorize 2000SOFT, LLC to

Charge our: Visa Mastercard Discover AMEX

Credit card number:

Expiration Date: _____ Credit Verification Code: _____

In The Amount of \$ _____

To Pay for the Items / Invoice Numbers Listed:

X _____
(Name of Cardholder—Print)

X _____
(Signature of Cardholder)

X _____
(Company Name)

X _____
(Cardholder's Address, City, State, Zip – Must be PRECISE!)

X _____
(Phone Number) (Fax Number)

15707 Rockfield Blvd. Suite 345
Irvine, CA 92618
Tel. (949) 699-1777
Fax (949) 699-1776

e-mail: info@2000soft.com

1800 East Century Park East
Los Angeles, CA 90067
Tel. (310) 551-1037
Fax (310) 551-1038