



Long Island Software & Technology Network

734 Walt Whitman Road  
Suite 402  
Melville, NY 11747  
(631) 224-4400 phone  
(631) 224-4242 fax  
[www.listnet.org](http://www.listnet.org)

# CREDIT CARD FORM

Authorized Individual Placing Order: \_\_\_\_\_

DATE: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

Name as it appears on Card: \_\_\_\_\_

Billing Address For Card: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_

Card Number: \_\_\_\_\_

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

Dollar Amount Authorized: \_\_\_\_\_

Payment for (inv#, event, etc.): \_\_\_\_\_

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

**FAX THIS FORM**  
**BACK TO: 631-224-4242**