

# Mail Order Form

## Credit Card Charge Authorization

### Credit Card Owner:

Name

Surname

### Address:

Street: \_\_\_\_\_ No: \_\_\_\_\_ City: \_\_\_\_\_

State / Region \_\_\_\_\_ Country \_\_\_\_\_ ZIP \_\_\_\_\_

### I authorize IT ELITE to charge my Credit Card\*:

- VISA
- EUROCARD / MasterCard
- Diners Club
- JCB
- POLCARD

Card No:

Valid thru:   /

Paid for goods: \_\_\_\_\_

Amount: \_\_\_\_\_ USD / EUR\*

\_\_\_\_\_  
Credit Card Owner  
Signature

\* - check the right one.