

VECTOR SYSTEMS INC.

411 McKinney Pkwy
McKinney, TX 75071-1825
214-544-9500

CREDIT CARD PROCESSING AUTHORIZATION

NAME: _____

COMPANY: _____

BILLING ADDRESS: _____

City _____ State _____ Zip Code _____

CARD TYPE: MC _____ VISA _____ AMEX _____

CARD NO: _____

EXPIRATION: _____ / _____
Month Year

SECURITY: _____

AUTHORIZED SIGNATURE _____

DATE: _____

General Rules of payment acceptance:

1. Single Invoice purchases only with no minimum, maximum charge \$15,000.
2. Purchase order number required and payment is due at time of invoice – no net payment terms offered.
*No shipments are to be processed unless CC authorization has been received and acknowledged by Accounting.
3. An administration fee of 5% will be added to the total invoice.
4. Accepted forms of authorization:
 - a. Vector Systems Inc. Credit Card Authorization form
 - b. Client authorization form containing all requested information as on VSI form including authorizing signature.
**digital signatures are acceptable with an accompanying email stating VSI is authorized to process the charges.
5. **NO CLIENT CREDIT CARD INFORMATION WILL BE STORED.** Authorizations are required for each invoice.