



Confid, Inc.
 20280 S. Vermont Ave. Suite 200
 Torrance, CA 90502, U.S.A.
 Tel (310)532-2210 Fax (310)515-6893
 www.confiad.us

Authorization Form

- Company Name (seller): Confid, Inc.

Cardholder Information

- Company Name (Buyer, if any): _____

- Name (as stated on card): _____

- Billing Address:

Street	Suite, APT#
City	State/Province
Zip/Postal code	Country
Tel	Fax
email	

- Shipping Address (Same as billing)
 Initial ↑

Street	Suite, APT#
City	State/Province
Zip/Postal code	Country
Tel	Fax
email	

- Credit card #: _____
 (Check one: Visa, Master, Amex, Discover)

- Expiration Date: _____ (mm/yy)

- CVV2: _____
 (The CVV is the 3 digit number located on the back of your card, in case of Amex it is the 4 digits on the front of the card.)

Please initial ↓

I hereby authorize Confid, Inc. to process any of my orders with above credit card for the amount up to \$_____ per transaction.

I agree that I will not initiate any dispute on this charge in the future for the reason of "No Cardholder Authorization".

I will provide with copy of proof of identify and ownership of credit card upon request.

 Cardholder signature

 Date