



Applied Wireless Solutions

Division of Intag Inc.
 10805 Sunset Office Drive
 Suite 300
 St. Louis, MO 63127
 Tel 314-822-1102
 Fax 314-394-0206

CREDIT CARD AUTHORIZATION FORM

RETURN VIA FAX 314-394-0206

Accepted Payment Methods:



GENERAL INFORMATION

COMPANY NAME		
NAME ON CARD		
NAME/TITLE OF PURCHASER		
PHONE NUMBER		
EMAIL ADDRESS		
BILLING ADDRESS		
CITY		
STATE	ZIP	

CARD INFORMATION

CARD TYPE	
CARD NUMBER	
EXPIRATION DATE	
CCV SECURITY CODE	

I hereby authorize Applied Wireless Solutions, *division of Intag Inc.* to charge my credit card for the payment of the item (s) listed above. The issuer of the card is authorized to pay the amount shown as total upon proper presentation of.

\$ _____ US Dollars.

Authorized By: _____ Date _____

Printed Name _____ Signature _____