

On The Go Solutions, Inc  
3734A Oakton  
Skokie, IL 60076  
847 933 1762

B"H

Credit Card Authorization Form

Customer Name:	
Address:	
City:	
State:	
Zip:	
Phone:	

Credit Card Number	
Expiration Date	
CSV (Code on back of card)	
Type (Visa / MC)	

I \_\_\_\_\_ hereby authorize On The Go Solutions, Inc to charge my credit card in the amount of \$\_\_\_\_\_

This is for Order Number \_\_\_\_\_ which I agreed that I ordered and am willing to pay for in full, having read and agreed to the On The Go Solutions Terms & Conditions.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**\*\* PLEASE SIGN & FAX TO: 208 979 7058 \*\*\***