



Computer Care Pro
 8080 E Gelding Dr #105
 Scottsdale, AZ 85260
 Tel.: 480-626-1914 Fax: 480-886-9171
 Email: ccpst@ccp.care

AUTHORIZATION FORM

Thank you for choosing Computer Care Pro. We value your business, and we appreciate the opportunity to provide our professional services for you. Please take a moment to complete this Authorization Form for our records.

I, _____ hereby agree to the Conditions of Contract for goods and services provided.

Initials

Complete one option below (A or B):

A) Credit Card number	B) Checking account number
CVC	Routing number
Expiration Date	Bank Name
Billing Address & Zip code	Billing Address & Zip code

- Email address to send Credit Card receipt: _____
- I agree to perform the obligations set forth in the Cardholder's agreement with the Issuer.
- I agree that Computer Care Pro will apply a 3% Transaction Fee.

Name _____

- Signature _____ Date _____

Email completed form to ccpst@ccp.care