



## Credit Card Authorization Form

Please be sure to complete and remit **PAGE 2** of the **Credit Card Authorization Form**.  
**BOTH PAGES OF THE FORM ARE REQUIRED TO PROCESS YOUR ORDER.**

**Copy FRONT of  
Credit Card Here**  
(Must Be Legible)

**Copy Drivers  
License Here**

CellTeks only accepts:

**VISA, MASTER CARD, & DISCOVER**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholders Name: (PRINTED)

\_\_\_\_\_

Billing Address of Cardholder:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize **CellTeks, Inc.** to charge the credit card above for the total amount of my order.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CellTeks, Inc.  
113 Parkway Drive  
Boerne, TX 78006  
<http://www.cellteks.com>  
[info@cellteks.com](mailto:info@cellteks.com)  
(210) 402-0070 P  
(830) 249-8499 F



## Credit Card Authorization Form

Please be sure to complete and remit **PAGE 1** of the **Credit Card Authorization Form**.  
**BOTH PAGES OF THE FORM ARE REQUIRED TO PROCESS YOUR ORDER.**

**This information will be kept confidential in your order record.**

**Copy Back of  
Credit Card Here**  
(Must Be Legible)

By submitting this form, I hereby authorize  
**CellTekS, Inc.** to charge the provided credit  
card for the total amount of my order.

3 or 4 Digit CVS Code: \_\_\_\_\_

Cardholder Signature:

X \_\_\_\_\_  
(Signature must match back of card)

CellTekS, Inc.  
113 Parkway Drive  
Boerne, TX 78006  
<http://www.cellteks.com>  
[info@cellteks.com](mailto:info@cellteks.com)  
(210) 402-0070 P  
(830) 249-8499 F

**PLEASE FAX BOTH PAGES OF THIS FORM TO:**

**CELLTEKS, INC.**  
**(830) 249 - 8499**