iGoLogic, Inc.
4117 Clipper Ct.
Fremont ,CA 94538
Tel: 510-252-9388
Fax: 510-252-9399
www.igologic.com

Credit Card Authorization Form (For USA Only)

Company Name: _____

Cardholder's Name: _____

Credit Card Type: ☐Master ☐Visa

Card Number: _____

Expiration Date: _____

CSV#: _____

Bill-to Address on Credit Card: _____

Ship-to Address: _____

Authorized Amount: _____ **(PO#)**

IGoLogic, Inc. is hereby authorized by you, the customer, to charge your credit card if any payment is delayed for more than 10 days from net invoice due date.

I, the undersigned, do hereby authorize iGoLogic, Inc. ("iGoLogic") to process charges against my above referenced credit card for any amount that I may owe to iGoLogic relating to goods and/or services I purchased.

I agree that I will not dispute any legitimate charges processed by iGoLogic against the above referenced credit card. I specifically understand that if the goods I purchased from iGoLogic need to be returned, I agree not to dispute any iGoLogic credit card charge, and I will work with iGoLogic Customer Service Department to obtain the returned merchandize authorization (RMA). If the request for RMA is approved by iGoLogic, credits will be issued only after the goods with complete accessories under brand new conditions are returned and received by iGoLogic.

This authorization will remain in full force and effect until terminated, in writing, by me.

Acknowledged and agreed:

_____
Signature Date

_____
Print Name

iGoLogic Use Only

VFD_____

Filed _____