



CREDIT CARD AUTHORIZATION FORM

Please complete and email back to terri@ibius.com or fax to 206-324-8835, Attention Terri Hoefs.

I, the undersigned, hereby authorize the debit of my Visa, Master Card, or Discover card the details of which are as follows:

Note that a processing fee of 2% of the invoice value will be charged.

Invoice Number:	
Amount:	
Date:	
Card Number:	
Expiration date:	
Security Code (on back of card, aka CSV #)	
Name shown on card:	
Billing Address for card:	
Authorized Signature:	