Open Tech Center LLC.

DBA AOpen Center Dallas
3601 Garden Brook Dr. Farmers Branch, TX 75234
Tel: (866)-Aopen-88 Fax:(972)488-9887

Credit Card Authorization Release Form

Company Name: _____
Business Address: _____ City _____State____ Zip _____
Phone _____ Fax _____

CREDIT CARD INFORMATION

Cardholder's full name: _____
Corporate name: (if business card) _____
Cardholder's billing address: _____ City _____
State_____ Zip_____ Phone _____

Credit Card account number: _____ Exp Date: _____
Type of Credit Card: (Circle One) Discover Visa Master Amex

**** Cardholder's Signature: _____Date: _____

SHIPPING ADDRESS

(Please insert all shipping addresses, which you intend to use if they are different than the cardholder's billing address. Insert shipping addresses below)

Recipient's Name: _____
Recipient's Address: _____ City _____
State _____ Zip _____ Recipient's Phone _____

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I authorize **AOpencenter Dallas** to ship the merchandise purchased with above credit card account number to the above Credit Card Billing address and Company Address as well as any all addresses inserted in this form under the heading "SHIPPING ADDRESS". And I am fully aware that my credit card is being charged for any such purchases. I will not hold AOpencenter Dallas responsible in any way for shipping the merchandise to such addresses.

_____	_____	_____
Signature of Owner/Officer	Title	Date