



**MyHardDriveDied & Forensic Strategy Services &
Network Installation Computer Services, Inc**
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DISTANCE LEARNING CLASS

CREDIT CARD AUTHORIZATION

I, _____, authorize Network Installation Computer Services, Inc to charge
CARDHOLDER NAME

\$ _____ to my credit card.
DOLLAR AMOUNT

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholders agreement with the Issuer.

CARDHOLDER SIGNATURE

DATE

Credit Card Type (circle one) American Express MasterCard Visa

Credit Card Number: _____ Code _____

Expiration Date: _____

Full Name (as it appears on the card): _____

Company Name (if applicable): _____

Mailing address (billing address for credit card statement) _____

Shipping Address (No PO Boxes): _____

Phone: _____

Fax: _____

Email: _____