

# Credit Card Authorization

Please charge my: American Express Visa Master Card  
credit card in the amount of

This is payment to CodonCode Corporation for  
Quote/Invoice number :

Credit card number:

Verification value (3-4 digits from back):

Expiration date:

Name on card:

Billing address of card:

Signature of cardholder: \_\_\_\_\_

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

Phone:

Purchaser acknowledges that that the terms of this sale are governed by CodonCode's Software License Agreements.

Please fax this form to: (+1) (781) 417-6400

Or upload the form to <https://www.codoncode.com/upload.htm>

CodonCode Corporation

101 Victoria St

Centerville, MA 02632

phone: (+1) (781) 686-1131

**fax: (+1) (781) 417-6400**

**Please DO NOT send this form by email!**