Corporate Office
77 Selleck Street.
Stamford CT 06902
Voice: 203-969-0060
Fax: 203-969-0050

*I_____ give Vernon Computer Leasing, Inc. permission to charge my credit card and issue a security deposit authorization on my account, based upon the terms and conditions of our contract. I also authorize Vernon Computer Leasing, Inc. to ship to an address other than my billing address.

*Contract # (if applicable): _____

Card Type (circle one): (Personal/Corporate) (M/C / Visa / AMEX)

Card #: _____

Expiration Date: _____

Name: _____
(as it appears on card)

Cardholder Billing Address (on above card):

_____

_____

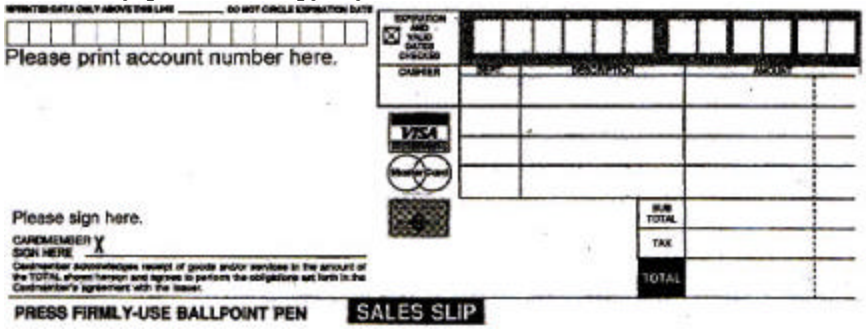
_____

*Date: _____

*Signature (of cardholder): _____

This form must be completed and returned via fax to Vernon Computer Leasing, Inc. prior to the processing of your order. *(If you have filled this form out previously just fill in where the asterisks indicate).

Additionally, please fax a copy of your driver license for our internal records.



Social Security #: _____

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