

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) 948-4579

Do not send this form by e-mail

CodonCode Corporation

58 Beech St

Dedham, MA 02026

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

fax: (+1) (781) 948-4579

If you encounter problems faxing this form, you can scan it and upload it at <http://www.codoncode.com/upload.htm>