



# Credit Card Authorization Agreement

Please print out this form, fill out completely, and email to us at sales@LibertyToner.com

## Card Holder Billing Information:

Name:	Phone Number:
Address:	City/State:
Suite/Rm/Floor:	Postal Code:

## Authorized Purchases for:

Company Name:	Ship Attn:
Address:	Phone Number:
Suite/Rm/Floor:	Fax Number:
City/State/Zip:	Email:

## Payment Authorization Information:

I, the undersigned, give ALX Imaging, LLC (NEWPRO) permission to charge the full amount of all purchases, current & future, to the below mentioned Credit Card. Purchases included in this agreement will be in behalf of the company and/or individual designated within "Authorized Purchases for:", as well as the cardholder him/herself.

## Credit Card Information:

Please select one:   Visa   MasterCard   Discover   American Express

Credit Card Number:	Expiration Date:
Name(s) on Credit Card:	CVV Code:

## Terms & Conditions of Sale: (Please read and understand before signing)

I, the undersigned, agree to pay for all purchases according to the terms & conditions as they appear on the most current ALX Imaging, LLC (NEWPRO) web site (www.LibertyToner.com). I agree to pay all debts incurred within the terms of sale. No terms or conditions of purchase orders different from the terms of ALX Imaging, LLC will become part of the Sales Agreement.

The laws of the State of Texas shall be applicable to all suits arising under any agreement between the undersigned and NewproNet Corporation. In the event of litigation, venue shall be the choice of NewproNet Corporation. I/we further agree to pay reasonable collection costs and attorney's fees incurred by NewproNet Corporation to collect any outstanding balances.

I understand that, with my signature, I acknowledge that I have checked all information provided to ALX Imaging, LLC and it is correct.

I understand that, with my signature, I acknowledge that I have read, understand and agree to all the terms and conditions upon which this and all future purchases are governed.

I understand that, with my signature, I agree to provide ALX Imaging, LLC with a photocopy of the front side and reverse side of the Credit Card used above if needed.

Cardholder Signature:	Date:
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