



CREDIT CARD AUTHORIZATION FORM

Please complete and sign the form below. Mail or fax the completed form to the address or fax number listed above along with a copy of the front and back of the credit card and copy of photo ID (example: Driver's License).

CARDHOLDER INFORMATION

Cardholder's Name (please print): _____

Company Name (if applicable): _____

Cardholder's Billing Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address (for e-receipt): _____

PAYMENT AUTHORIZATION

Card Type: MasterCard Visa American Express Discover

Credit Card Number: _____

CIN/CVV-3 digit # on back of card: _____ Expiration Date (MM/YY): _____
 (for AMEX 4 digit # on front of card)

Authorized Amount: \$ _____ Invoice/P.O. #: _____

I understand and hereby authorize the amount shown above to be charged to my credit card. I agree that I will pay for this purchase and indemnify and hold ACF, Inc. harmless against any liability pursuant to this authorization. The portion of the purchase amount above \$5,000 is subject to a 3% fee. I agree to provide a copy of the front and back of the above listed credit card for verification purposes.

Cardholder Authorized Signature: _____ Date Signed: _____

FAX: (813) 621-6980

* Incomplete Forms will not be processed. They will be returned to Sender.