

Print, Fill, and Fax this form to (661)-846-7681

Credit Card Authorization Form

I, _____, hereby authorize A-1 Budget

Process to charge my credit card account in the amount not to exceed: \$ _____

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____ (last 3 digits on back)

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () ____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: ____ - _____ FAX _____

*EMAIL _____

I hereby authorize receipt of goods & services at the by Mail, Email, or Fax.

Cardholder's Signature

_____/_____/_____
Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. A-1 Budget Process will keep all information entered on this form strictly confidential. Revocation of this authorization will not result in a refund of rightfully authorized charges of our services.

