

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.

