



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:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Credit Card Number:				
CIN/CVV-3 digit # on back of card: <small>(for AMEX 4 digit # on front of card)</small>		Expiration Date (MM/YY):		
Authorized Amount: \$		Invoice/P.O. #:		
<p>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. Credit Card orders over \$5,000.00 are subject to a 3% processing fee. I agree to provide a copy of the front and back of the above listed credit card for verification purposes.</p>				
Cardholder Authorized Signature:		Date Signed:		

FAX: (813) 621-6980