

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Account # _____

Name on Card: _____

Billing Address: _____

Credit Card Type: ____ Visa ____ Mastercard ____ Discover ____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card) or 4 digits if AMEX

Amount to Charge: \$ _____ OR Amount due: ____ (USD) Recurring Yes ____ No ____

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Whom we will email cc payment receipt and invoice paid to email address _____

Cardholder – Please Sign and Date

*Signature: _____

Date: _____

Print Name: _____

***Must be wet signature**

Return the completed and signed form to: FAX 661-397-3672 or email to ads@advanceddatastorage.com