

CREDIT CARD AUTHORIZATION



PLEASE COMPLETE AND FAX TO 817-922-0656 OR E-MAIL TO L.SAVAGE@ACSUPPLYTEXAS.COM

A/C SUPPLY COMPANY NAME: _____

CUSTOMER ACCOUNT NUMBER: _____

IN LIEU OF MY CREDIT CARD IMPRINT I, _____

(NAME OF CARDHOLDER EXACTLY AS SHOWN ON CREDIT CARD)

HEREBY AUTHORIZE A/C SUPPLY COMPANY TO CHARGE MY ORDER OR ACCOUNT STATEMENT TO THE FOLLOWING CREDIT CARD.

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD #: _____

EXPIRATION DATE: _____

CVV2 SECURITY CODE#: _____

THE BILLING ADDRESS AS IT APPEARS ON MY CREDIT CARD STATEMENT

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: PHONE NUMBER: _____

EMAIL ADDRESS FOR RECEIPT: _____

CARDHOLDER AUTHORIZED BILLING AMOUNT:

TOTAL BILLED TO CARD: \$ _____

BY SIGNING BELOW AND SUBMITTING FOR PAYMENT, I ACKNOWLEDGE ACCEPTANCE OF THE TERMS AND CONDITIONS. I ALSO AGREE TO WAIVE ANY CHARGE-BACK RIGHTS AND IN THE EVENT OF A DISPUTE, REQUESTS FOR A REFUND MUST BE SUBMITTED IN WRITING ALONG WITH ALL ORDER DOCUMENTATION IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CREDIT CARD.

SIGNATURE AS IT APPEARS ON CARDHOLDER'S CREDIT CARD

DATE:

THIS FORM MUST BE COMPLETED IN FULL AND ALL INFORMATION MUST BE TRUE AND CORRECT IN ORDER FOR YOUR PAYMENT TO BE PROCESSED.

ALL INFORMATION IS STRICTLY CONFIDENTIAL