



## Credit Card Authorization Form

(Your completion of this authorization form helps us protect you, our valued customer from credit card fraud. All information will be kept strictly confidential by Aunex, Inc.)

Company Name: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. No.: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Card Type: ☐ Visa ☐ Master Card ☐ AMEX ☐ Discover

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

Security Code / CVV: \_\_\_\_\_

☐ Keep Credit Card On File / ☐ One Time-Charge

(Cardmember Acknowledges Total Amount of Goods And / Or Services In The Amount Charged Show Here on And Agrees To Perform The Obligations Set Forth By The Cardmember's Agreement With The Issuer)

Authorized Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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