

## Credit Card Use Authorization Form

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

Company Full Name: \_\_\_\_\_ From: \_\_\_\_\_

PO Number: \_\_\_\_\_ Division: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

***Dear Valuable Customer:***

***Thank you for your order. To protect you, as well as our company from fraudulent misuse of your credit card, we request that you attach copies of BOTH SIDES of your credit card and your PHOTO ID (One time only). The following MUST be signed completely.***

I authorize **Advanced Power Group, Corporation** to charge my credit card for the purchasing order number \_\_\_\_\_ or I placed on the phone on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for the total amount of \$ \_\_\_\_\_ USD ( plus finance and freight charges if applicable).

Acknowledged by:

\_\_\_\_\_  
Credit Card Holder's Signature

\_\_\_\_\_  
Print Credit Card Holder's Name

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Credit Card Type:       Master Card     Visa     American Express

Credit Card No.: \_\_\_\_\_

Expiration Date:      \_\_\_\_\_ / \_\_\_\_\_

**Please fax back to (626) 289-1048 A.S.A.P. Your order can not be processed until we receive this complete and signed form. Thank you.**

For Accounting Department Use Only:

Customer ID Code: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

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

Total Amount: \_\_\_\_\_

Authorization No: \_\_\_\_\_