

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: _____ / _____

Security Code: _____ () _____

Please fax back to (626) 289-1048 or email to apincendo@gmail.com 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: _____