



Credit Card Authorization Form

Please Print

Company Name: _____

Cardholder Name: _____

Billing Address: _____

City, State, Zip _____

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): _____

Permanent Authorization- Credit card permanently on file for all current and future orders

Per Order Authorization- Only authorized to charge for one order/invoice

Purchase order/invoice #: _____ Amount to be charged: _____

By signing this form, you authorize Advanced Hurricane Technology to charge your card as listed above.

Signed: _____

Dated: _____

Named: _____