

Credit Card Authorization Form

I, _____ with _____
(Cardholder Name required) (Customer/ Company Name)

Authorize ASA and ASSOCIATES Inc to charge my credit card, as indicated below, for products/ services.

- This is an open authorization to allow charges to my credit card for all orders placed with ASA and ASSOCIATES inc including any open invoices. Amounts will vary per transaction based on the order amounts plus an additional 3.00% surcharge fee per transaction where allowed by law.

Please check the option that applies:

- Add this card to my account as the primary card to be charged for all orders.
- Cancel my open credit amount and add this card to my account as the primary card to be charged for all orders.
- Remove the credit card on file and replace with this card.

I have read and agree to all of the terms and conditions on this page, or any other document that accompanies this agreement. I certify that I am the authorized account holder for this credit card.

I understand this is a legal binding agreement between ASA and ASSOCIATES inc and _____.

(Cardholders name)

Authorized Account Holder Signature (Required)

Date (Required)

Email Address

Phone Number

Name as it appears on credit card: _____

Credit card number: _____ CCV#: _____

Expiration date of credit card: _____

Billing address of credit card: _____

Card types accepted: Visa/ MasterCard,

Sales Representative: _____