



Preparing Our Company for Your Future

CREDIT CARD AUTHORIZATION FORM

FAX # 419-898-7064

Instructions:

1. Complete the form, by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form back to our secure fax machine at **419-898-7064** to complete your order.

CUSTOMER INFORMATION

Company Name		<i>dba</i>		Date	
Mailing Address		City		State	Zip
Shipping Address		City		State	Zip
Primary Contact:	Title	Phone		Fax	
Email (required for receipt)	Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Year Established:		

CREDIT CARD INFORMATION

Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	Account Number		Expiration Date	
Credit Card Holder Name (As It Appears on the Card)		CVV (3 digit security number on Back of Card)		
Billing Address		City	State	Zip

CREDIT CARD USAGE

I authorize acpo, ltd to keep this credit card on file for future purchases.

I certify all information provided to *acpo, ltd.* is true and correct to the best of my knowledge and hereby authorize *acpo, ltd.* to charge the credit card as specified above for purchases made by me from *acpo, ltd.*

Authorized Signature

Please Print Card Holder's Name Clearly

Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by *acpo, ltd.*

The information contained in this transmission is privileged and confidential. It is intended only for the use of *acpo, ltd.* If the reader of this information is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this information is strictly prohibited. If you have received this document in error, please notify acpo, ltd. immediately by telephone at 1-800-793-8273 and return the original document to *acpo, ltd.*, PO Box 418, Oak Harbor, OH 43449 via the U.S. Postal Service. We will reimburse you for postage. Thank you.