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CREDIT CARD AUTHORIZATION FORM

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. Include a photocopy of the front and back of the signed credit card.
4. Fax this form, along with the photocopy of the signed credit card, back to us to our secure fax machine at 1-315-696-9923 to complete your order.

I, _____, hereby authorize Applied Concepts Inc. to charge my credit card account in the amount of \$_____.

Type of Card: VISA MASTERCARD

Credit Card Number _____

Expiration Date _____ Security Code _ _ _

Credit Card Billing Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Requested Shipping Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholder's Signature _____

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 Applied Concepts Inc.

PLEASE PROVIDE YOUR COLLECT SHIPPING ACCOUNT # _____.

Complete and fax all documents required to: 1-315-696-9923