

Credit Card Authorization Form

Cardholder's Name: _____ Today's Date: _____

Company: _____

Credit Card Billing Address: _____
(no P.O. Box, please)

City / State / Zip: _____

Shipping Address (no P.O. Box, please):

Telephone: _____ Fax: _____

Credit Card Number: _____

Please check one:

- VISA MASTER CARD AMERICAN EXPRESS

Expiration Date: _____

Authorized Signature: _____

Please check one:

- I authorized that this Credit Card Authorization Form to be used for all orders that I placed with ASAP Technology, Inc. verbally or in writing.
- I would like Authorization Form to be faxed to me for my signature each and every time of my order.

Note: The credit card charge will include your total order amount plus the shipping and insurance.

Please fax back this Authorization Form to (714)529-1243. Thank you!