

**ASAP TECHNOLOGY, INC.**

www.asapcctv.com

480 W Lambert Rd. Unit A, Brea, CA 92821

Tel: (714) 529-1242; Fax: (714) 529-1243

## Credit Card Authorization Form

Cardholder's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Company: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Shipping Address (NO P.O. Box, your Street Address please):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Please check one:

VISA

MASTER CARD

AMERICAN EXPRESS

Security Code: \_\_\_\_\_

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!*