Credit Card Authorization Form

I, _____ _____ of _____ ,hereby authorize
AVR Global Technologies tochargem:y credit card

Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Credit Card Number: _____
Expiration Date: _____ Security Code: _____
Name on card: _____
Please check here if this is a P-Card: ☐

Credit Card Billing Address:
Street: _____
City: _____ State: _____
Zip Code: _____ Country (if not US): _____

All charges are subject to a 3.5% processing fee. As the credit card holder, I acknowledge that AVR Global Tech will keep my card on file for future use. AVR Global Techwill keep all inf ormation entered on this form strictly confidential.

PO Number: _____
Quote Number: _____
Additional Information: _____

Cardholder Signature: _____
Date: _____

Send To:
Val Pontes: valp@avrglobaltech.com
Andy Bowman, andyb@avrglobaltech.com
Skype: andy.bowman99 Cell: 760-807-0036 Office: T: 949-391-1181