



**FAX ONLY TO 800-298-5044 - No Cover Sheet Needed**

\* IMPORTANT FIELDS THAT MUST BE FILLED OUT COMPLETELY.

PLEASE BE ADVISED : Fax must be received by 5:45 PM EST (2:45 PM PST) to ensure order(s) ship

**CREDIT CARD AUTHORIZATION FORM**

**Company Information**

\* LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation, list full corporation name). \_\_\_\_\_

Physical Business Street Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Business Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

**Credit Card Information**

VISA \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Credit Card Number mm/yy

MASTERCARD \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Credit Card Number mm/yy

AMERICAN EXPRESS \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Credit Card Number mm/yy

DISCOVER \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Credit Card Number mm/yy

\* \_\_\_\_\_  
 Name, *exactly* as it appears on the card: \_\_\_\_\_

\_\_\_\_\_  
 Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Company).  
**If this address is not correct it will delay the shipping of your merchandise.**  
**If same address as in the Company Information, Please write in "Same as Above"**

\* \_\_\_\_\_  
 Street City\State Zip

**Important**

\*\*\*\*\*  
 If you intend for another individual to place orders and pay for the equipment using your credit card, you must give them authorization on this form. Please list the names of those individuals that are authorized to use your credit cards as payment for merchandise. No other individuals will be allowed to request that these credit cards be used for payment.

Authorized User #1: \_\_\_\_\_

Authorized User #2: \_\_\_\_\_

Authorized User #3: \_\_\_\_\_

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individuals to use these cards for purchases from Carolina ATM Services, LLC. Further, I authorize my credit card company to accept and to charge to my account for purchases initiated by the above named individuals. This authorization allows Carolina ATM Services, LLC. to continue to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing. Carolina ATM Services, LLC. is authorized to refund/credit account, including tax and/or other charges occurred in conjunction with purchases made with above mentioned credit cards.

\* X \_\_\_\_\_  
 Signature of Card Holder

\* X \_\_\_\_\_  
 Print Name Here of Card Holder