



CREDIT CARD INFORMATION
SIGNATURE ON FILE AUTHORIZATION

CARD No: _____ VISA AMEX MASTER

EXPIRATION DATE: VALIDATION No: Last 3 digits on the
Back of the card

A FAX COPY OF CREDIT CARD & DRIVER'S LICENCE MUST ACCOMPANY THIS FORM

COMPANY NAME: _____

CARD HOLDER NAME: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

IN COMPLETING THIS CREDIT CARD AUTHORIZATION FORM I AUTHORIZE AC 1 SUPPLY, INC. TO PROCESS CHARGES TO MY CREDIT CARD FOR GOODS BEING SHIPPED OR PICK UP ON MY BEHALF ON THE BASIS OF ORDERS PLACED BY THE AUTHORIZED PURCHASERS MENTIONED BELOW VIA TELEPHONE OR FAX OR INTERNET. PURCHASES ARE NOT TO EXCEED \$: _____ PER INVOICE. THIS AUTHORIZATION SHALL REMAIN IN FORCE UNTIL CANCELED BY ME IN WRITING TO THE ABOVE ADDRESS. I UNDERSTAND THAT A FAX COPY OF THIS FORM WILL BE CONSIDERED AS AN ORIGINAL BY AC1 SUPPLY, INC.

AUTHORIZED PURCHASER: _____

AUTHORIZED SIGNATURE OF CARD HOLDER: _____

PLEASE RETURN BY FAX TO: (305) 556-6256

AC1 SUPPLY, INC.