



ACF Standby Systems, LLC  
 9311 Solar Drive, Tampa, FL 33619  
 Ph: 800.282.5359 ~ Fax: 813.621.6980

## CREDIT CARD AUTHORIZATION FORM

Please complete and sign the form below. Mail or fax the completed form to the address or fax number listed above along with a copy of the front and back of the credit card and copy of photo ID (example: Driver's License).

### CARDHOLDER INFORMATION

Cardholder's Name (please print): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address (for e-receipt): \_\_\_\_\_

### PAYMENT AUTHORIZATION

Card Type:  MasterCard  Visa  American Express  Discover

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

CIN/CVV-3 digit # on back of card: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_  
 (for AMEX 4 digit # on front of card)

Authorized Amount: \$ \_\_\_\_\_ Invoice/P.O. #: \_\_\_\_\_

I understand and hereby authorize the amount shown above to be charged to my credit card. I agree that I will pay for this purchase and indemnify and hold ACF Standby Systems, LLC harmless against any liability pursuant to this authorization. Credit Card orders over \$5,000.00 are subject to a 3% processing fee. I agree to provide a copy of the front and back of the above listed credit card for verification purposes.

Cardholder Authorized Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

FAX: (813) 621-6980