ACM TECHNOLOGIES, INC.

Credit Card Authorization (optional)

Please fill out and fax this form to: **(800) 767-9722**

(If you would like to pay by credit card, please fill out this form.)

ACM ACCOUNT #:	COMPANY NAME:	DATE:

DECLARATION

I, _____ , hereby authorize ACM Technologies, Inc. to use the following Credit Card information to charge purchases made at ACM Technologies, Inc.

CARDHOLDER INFORMATION

FULL NAME AS IT APPEARS ON YOUR CREDIT CARD:

BILLING ADDRESS:

CITY:	STATE:	ZIP CODE:	PHONE:

CREDIT CARD INFORMATION

CREDIT CARD ACCOUNT #:	EXPIRATION DATE (MM/YY):	VCODE:

SPECIAL INSTRUCTIONS

Please provide a copy of the credit card that you will be using along with this form.

☐ **Use as primary method of payment for my account**

OR

☐ **Use for one time only, for Order/Invoice #** _____

Other: _____

I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature:

X _____   Date: _____

Printed Name: _____