



3117 NW 25th Ave, Pompano Beach, FL 33069 • (954) 974-0525 • Toll Free (877) 574-4337 • Fax: (954) 974-0529

## Credit Card Authorization Form

Date: \_\_\_\_\_

Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Debit

Credit Card # : \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Card Information as it appears on the Card (C/C Billing Information)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_ I authorize the use of this card for ALL FUTURE ORDERS from (AMS) Automated Motorized Shades. I understand that this card will be used for payment processing until I provide AMS with written notification to discontinue use.

Card Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Card Holders Name (Please Print): \_\_\_\_\_

PLEASE FAX OR E-MAIL YOUR COMPLETED FORM

FAX: (954) 974-0529

E-MAIL: [accounting@automatedmotorizedshades.com](mailto:accounting@automatedmotorizedshades.com)

If you have any questions regarding the above requested information, please contact us.