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# Credit Card Authorization Form

## Customer Information

Customer Name	Sales Order #
Prepay? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prepay Amount
Invoice #	Invoice Amount

\*All credit card purchases will be charged a 3% transaction fee\*

## Credit Card Information

Card Type – <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Procurement	Name on Card		
Address	City	State	Zip
Card Number	Expiration Date		
Security Code (3-Digit)	I hereby authorize ACDI to charge the amount noted above. Authorized Signature: _____		

## For Accounting Department Use Only

Date Submitted for Processing	Date Processed
Processed by	
Notes	
Email receipt to:	

