



## CREDIT CARD AUTHORIZATION FORM

**American Computer  
Development, Inc.  
7435 New Technology Way, Suite A  
Frederick, MD 21703**

**Phone: 301-624-1623  
Fax: 301-694-5152  
Email: remit@acdi.com  
Web: www.acdi.com**

**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:	