

Credit Card Authorization Form

I authorize the amount of USD \$ _____ remitted to **AVAC Corporation** for

_____ as payment to be made by and charged to my credit card.

Name: (please print)

_____ Contact Name: (if a business)

_____ Phone Number:

_____ Address:

_____ City:

_____ State/Province:

_____ Zip/Postal Code:

_____ Name as it appears on the credit card:

_____ Select type of card: (circle)

Visa

Mastercard

American
Express

Discover

Card Number:

_____ Expiration Date:

_____ *Verification Code:

_____ **Verification Code is the last 3 digits on the number on the back of the card.*

I promise to pay such amount as noted above subject to and in accordance with the agreement governing the use of such card. I acknowledge that any credit card processing fees related to this transaction will be charged to me.

Signature:

Note: Charges will appear as "AVAC Corporation" on your credit card statement.