



CREDIT CARD AUTHORIZATION FORM

I HEREBY AUTHORIZE **AV SOLUTIONS INC.**
TO CHARGE MY CREDIT CARD ACCOUNT IN THE AMOUNT OF \$
FOR THE PRODUCTS AND SERVICES LISTED ON THE INVOICE NO.
WHICH I ACCEPTED, SIGNED AND RETURNED TO THE AV SOLUTIONS INC.

FULL NAME OF THE CREDIT CARD HOLDER:

TYPE OF CARD:

CREDIT CARD NUMBER:

EXPIRATION DATE: CARD VERIFICATION NUMBER:

DATE: SIGNATURE: _____

DIRECTIONS:

- 1) PLEASE FILL OUT ALL THE FIELDS WITH YOUR INFORMATION.
- 2) PRINT THE FORM AND HAVE THE CREDIT CARD HOLDER SIGN IT.
- 3) RETURN VIA FAX OR EMAIL TO OUR OFFICE - CONTACTS MENTIONED BELOW.

YOUR COMPLETION OF THIS AUTHORIZATION FORM HELPS US PROTECT YOU, OUR VALUED CUSTOMERS, FROM CREDIT CARD FRAUD. ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL.