



Credit Card Payment Authorization Form

Company name: _____

Purchase Order No. _____

Credit Card Information

Payment method:

Visa 

Mastercard 

Amex 

Name of card holder: _____

Credit Card number: _____ / _____ / _____ / _____

Expiration date (MM / YY): ____ / ____

Security Code: _____

Billing Address for card: _____

Amount of money to charge: \$_____

By signing below, I certify that the stated information is correct, that I am authorized to effect charges to this card, and I agree to pay. Additionally, I authorize AP Supply to charge this card.

Signature: _____

Print name: _____

Phone number: _____

Date: ____ / ____ / ____

YOU MUST INCLUDE A COPY OF YOUR IDENTIFICATION & CREDIT CARD (BOTH SIDES)