



CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>					
<b>Card Type:</b>	Master Card	Visa	Discover	AMEX	Other _____
<b>Cardholder Name (as shown on card):</b>					
<b>Card Number:</b>					
<b>CVV 3 Digit Code:</b>					
<b>Expiration Date (mm/yy):</b>					
<b>Credit Card Complete Billing Address:</b>					

I, \_\_\_\_\_, name of the authorized person doing business for \_\_\_\_\_ under Customer Account ID \_\_\_\_\_ authorize American Sanitary Supply Co. to charge my credit card above for agreed upon purchases. I understand that my information will be safely saved to an encrypted file for future transactions on my account.

Auto Charge Each Invoice \_\_\_\_\_ or Card Holder Call to Request Charges to be Placed \_\_\_\_\_

Email Address to send receipts: \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date