

CREDIT CARD AUTHORIZATION FORM

Fire, Security & Sound – 4 Avis Drive - Suite 110, Latham, NY 12110

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CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD:					
CREDIT CARD TYPE (circle)	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT (circle)	PERSONAL			BUSINESS	
COMPANY NAME:					
CARD NUMBER:					
EXPIRATION DATE				CVV #:	
BILLING ADDRESS FOR CREDIT CARD:					
EMAIL ADDRESS:					
PHONE NUMBER:					
<p><i>FIRE, SECURITY & SOUND ADDS A 1.5% CREDIT CARD PROCESSING FEE IF YOU DO NOT WISH TO PAY THIS CHARGE CHOOSE A DIFFERENT METHOD OF PAYMENT</i></p>					
REFERENCE INVOICE NUMBER, FEE CALCULATION & AUTHORIZATION AMOUNT					
INVOICE NUMBERS TO PAY:					
TOTAL AMOUNT OF ALL INVOICES TO PAY:				BOX A	
1.5% OF BOX A:				BOX B	
AUTHORIZED AMOUNT (ADD BOX A + BOX B):				*	
*This is the amount the credit card will be charged.					
AUTHORIZATION OF CARD USE					
<p style="color: red;">I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize FIRE, SECURITY & SOUND collection of payment for the "AUTHORIZED AMOUNT" as indicated above* and not to exceed the amount in this field. I understand that if the authorized amount does not include the 1.5% credit card processing fee this form will be rejected.</p>					
AUTHORIZED SIGNATURE:					
Print Name and Title:					



Check this box if you wish to have the credit card information above held for future reference for payment remittance. Next time you wish to make a payment, send an email to accounting@firesecuritysound.com using the following message:

Please charge the credit card on file ending in XX____ (last four digits) for payment of invoice numbers (reference all invoice numbers you wish to pay) as well as the 1.5% credit card processing fee. Total authorized amount of the charge is \$_____.