

AUTOMATED BUSINESS MACHINES, INC.

F & E CHECK PROTECTOR COMPANY

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ONE-TIME CREDIT CARD AUTHORIZATION

(This form must be completed in its entirety)

I, _____, representing _____,
(Please print or type name as it appears on the card) (Please print or type your company name)

hereby authorize "Automated Business Machines, Inc."

to process the amount of \$_____ on my credit card listed below, for the purpose of

(Invoice number, Deposit on order, Payment on account, Etc.)

Type: _____ Personal Credit Card
_____ Corporate/Business or Gov't Card
_____ Debit Card (with Visa/MC logo)
_____ Foreign Credit Card

Brand: _____



Card Number: _____

Expiration Date: _____

C.I.D.# (Card Identification Number-located on credit card): _____
(3 digit on back -Visa, M/C, Disc) (4 digit on front -AmEx)

For your protection, we verify credit card billing addresses.

** Please enter **the billing address** where you receive credit card statements for the above card.*

* Address _____

* City _____ Zip/Postal Code _____ Phone # _____

Person(s) authorized to pick up merchandise charged above: _____

or Company name & address to be delivered to: _____

Person(s) authorized to sign at address: _____

Driver's License number of cardholder: _____

Signature of Cardholder: _____

NO RETURNS OR REFUNDS

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)