

**Credit Card Authorization Form**

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Co. Name: \_\_\_\_\_

I \_\_\_\_\_, hereby authorize ASM ALARMS  
to charge my credit card

Name of issuing Bank: \_\_\_\_\_

American Express

Visa

Master Card

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4 Digit Code \_\_\_\_\_

Cardholders Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Country: \_\_\_\_\_

ASM ALARMS has my authorization to keep this information and charge my credit card until the above expiration date

I assume all responsibility related to these charges and waive any rights to dispute charges upon receipt of goods. \*\*

Credit Card Holder Signature: \_\_\_\_\_

(Signature as shown on credit card)

**Please supply legible copies of a Government Issued Photo ID and the above-mentioned credit card – FRONT & BACK**

Is this credit card a one-time use only?  YES  NO

Replace all cards on file?  YES  NO