



Credit Card Authorization Form

Account #: _____

Amount to Charge: _____

Recurring: Yes _____ No _____

Receipt: Yes _____ No _____ Email: _____

Card Type: (Please check the proper box) MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other <input type="checkbox"/> _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ Security Code: _____
Cardholders full address (from credit card billing): _____

I, _____, authorize Associated Security Corporation to charge my credit card above for the agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Associated Security Corp.
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