



Credit Card Authorization Form

Clearly print information and return to Financial Services Department by **fax (562) 222-2522**

Card Type: **DEBIT** OR **CREDIT** VISA MASTERCARD DISCOVER

Credit Card Number: _____ EXP: _____

CSC / Card Id # _____ Last 3 Digits On Back Of Your Card

Company Name: _____ **AICO ACCT #** _____

Card Holder Name: _____

Company Position: _____

Billing Address: _____

City/State/Zip: _____

Email Address: _____

Please be advised there is a 2% convenience fee for all credit card transactions

Sales Order	Amount	Purchase Order #
1. # _____	\$ _____	# _____
2. # _____	\$ _____	# _____
3. # _____	\$ _____	# _____
4. # _____	\$ _____	# _____
5. # _____	\$ _____	# _____

Total: \$ _____

2% convenience fee \$ _____

Grand Total: \$ _____

I am the cardholder and hereby authorize AICO to charge my credit card for the above amount.

Sign: _____

Date: _____