

# Credit Card Authorization Form

By signing this form, you authorize A1MFC Inc. to retain your credit card information for future transactions. A1MFC Inc. will use the credit card information you provided to settle the outstanding balance on your account. This transaction will be processed securely, ensuring compliance with relevant financial regulations. If you have any questions or need further assistance, please don't hesitate to reach out.

I \_\_\_\_\_ authorize A1MFC Inc. to charge my Credit Card below.  
(Card Holder Name)

## Credit Card Information

☐ Visa    ☐ MasterCard    ☐ American Express    ☐ Discover

Card Holder Name	
Credit Card Number	
Expiration Date	
CVV / (Security code)	
Zip Code	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify A1MFC Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Cardholder's Signature)

### Submission Options for Completed Forms:

Forms can be submitted via:  Fax: 714-770-0285

 Email: Daniel@a1mfc.com