

CREDIT CARD AUTHORIZATION FORM #2A



ASSOCIATED LOCKSMITH & HARDWARE | LICENSED - BONDED - INSURED
1138 LEXINGTON AVENUE, NEW YORK, NY 10075
PHONE 212 360 6000 FAX 212 717 2577
ASSOCIATED@LOCKS.NYC

Please complete entire application to ensure processing.

COMPANY INFORMATION (Please print)

Company Name

Direct Phone # ()

Address

City

State

Zip

CREDIT CARD INFORMATION (Please print)

Select Card Type

VISA

MASTERCARD

AMEX

DISCOVER

CARDHOLDER NAME

CREDIT CARD NUMBER

EXP

/

3 OR 4 DIGIT VERIFICATION NUMBER ON CARD

(*MUST BE INCLUDED)

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) -

STREET

CITY

STATE

ZIP CODE

PHONE NUMBER (ASSOCIATED WITH CREDIT CARD) + ____ (____) - ____ - ____

TERMS OF AGREEMENT

Being the cardholder or Corporate Officer, by signing below I understand, agree to pay, and specifically authorize Associated Locksmith to charge my credit card, for the services provided. The credit card will only be charged when the last 3 or 4 digit number this is provided on the back of the card is given to ensure that the purchaser has authorized access to the card. ***Please note, not providing this information will cause your order to be withheld from processing.**

Additionally, I further agree that in the event my credit card is invalid, I will provide Associated Locksmith with a new credit card to be charged for the payment of any outstanding balances owed to Associated Locksmith.

Signature

Printed Name

DATE