



## CREDIT CARD AUTHORIZATION FORM

I acknowledge that I am the credit card holder and here by authorize charges to my credit card as outlined on my Purchase Agreement with your company or the assignment of payment related to products and services.

Full Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) Visa ( ) MasterCard

3 Digit Security Code: \_\_\_\_\_

I understand that I will assume all financial responsibility and agree to pay processing fees for the use of charges and fees originating for credit card payments on my account as they may be applied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and fax back to 480-553-5069  
No Cover Page Necessary. Thank you for your business!**

**America's Best Home Products, L. C.  
PO Box 40057  
Mesa AZ 85274  
480-553-5064**