



customerservice@avanu.com  
1.408.248.8960 (Ext 203) • 1.408.248.8961 FAX

## Credit Card Authorization Form

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Buyer Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

### Credit Card Information

Credit Card Authorization Amount US\$ \_\_\_\_\_.

Invoice Reference \_\_\_\_\_

Credit Card Type: VISA \_\_\_\_\_

Mastercard \_\_\_\_\_

American Express \_\_\_\_\_

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

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

Name As It Appears On Card \_\_\_\_\_

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

\_\_\_\_\_

### **AUTHORIZATION**

I hereby authorize payment in the amount and on the credit card listed above for products and/or services provided by AVANU.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name & Title (Print)

\_\_\_\_\_  
Date