

ANCHOR FENCE WHOLESALERS OF MIAMI / AFW ACCESS SYSTEMS

CREDIT CARD AUTHORIZATION FORM

PLEASE READ THIS BEFORE YOU CONTINUE: FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE CREDIT CARD, ALONG WITH **A CLEAR COPY OF THE CREDIT CARD AND AUTHORIZED USER DRIVER'S LICENSE OR PASSPORT PAGE SHOWING SIGNATURE AND PICTURE**, FAXED TO (305) 693-1386 AND RECEIVED BY AFW BEFORE ANY ORDER CAN BE MADE. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WON'T BE ABLE TO PROCESS YOUR ORDER.

_____ **BY EXECUTING THIS**
(NAME AS IT APPEARS ON CREDIT CARD)

AGREEMENT UNCONDITIONALLY AUTHORIZES ANCHOR FENCE/AFW ACCESS SYSTEMS TO CHARGE THE FOLLOWING CREDIT CARD:

CREDIT CARD TYPE: (Circle One)



CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV 2 Code: _____ (Example below - Back of Card)

FOR THE AMOUNT OF: \$ _____

CARDHOLDER'S BILLING ADDRESS (Required):

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROVINCE: _____ COUNTRY: _____

BILLING: AREA CODE AND TELEPHONE No.: _____

DELIVERY ADDRESS (If different): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROVINCE: _____ COUNTRY: _____

AREA CODE AND TELEPHONE No.: _____

ORDER NUMBER: _____ BY: _____

CARDHOLDER AUTHORIZED SIGNATURE

DATE

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY AFW PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.

