

# 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.

