



CHARGE AUTHORIZATION

PH: 486-3819

WEB: www.aieacopy.com

FAX: 488-8203

EMAIL: print@aieacopy.com

Note: Terms & Conditions of Sale posted in store & on website

Date _____

I hereby authorize AIEA COPY CENTER to accept as payment for merchandise via charge card:

☐ **FOR ONE TIME PURCHASE**

☐ **FOR AUTHORIZATION TO REMAIN ON FILE**

to represent approval for future charge card purchases under this account number until notified to cancel.

Name as spelled on card _____

Credit Cardholder Signature

Title

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

FOR SECURITY REASONS, we recommend that you submit this form by mail, fax, hand carry into the store or call in your information. Sending your credit card information through email has a lower level of security.

Type of card: ☐ VISA ☐ MASTERCARD ☐ AMEX

Account Number _____

Expiration Date _____

Verification Code _____



VISA &
MASTERCARD
3 digit code on
back of card



AMEX
4 digit code on
front of card