



CHARGE AUTHORIZATION

99-079 Kauhale Street
Aiea, HI 96701

PHONE: 808-486-3819
EMAIL: print@aieacopy.com

www.aieacopy.com

Date: _____

I hereby authorize AIEA COPY CENTER to run a transaction via charge card:

FOR ONE TIME USE - Fill out Section 1 and 3

TO KEEP ON FILE - Fill out Section 1, 2, and 3

This represents approval for future transactions under this account number until notified of cancellation.

Section 1: Billing Info

Name As Spelled On Card		
Billing Address		Phone
City	State	Zip Code
Cardholder Signature		Date

Section 2: To Keep On File

File Name	File Type <input type="checkbox"/> Personal <input type="checkbox"/> Company/Organization
Contact Person	
Email	Phone

Section 3: Card Information

Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Account Number	
Expiration Date	CVC

SECURITY WARNING: We recommend that you submit this form by phone, mail, or hand carry into the store. Sending your credit card information through email has a lower level of security.