



**PAPERLESS BILLING**

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER # \_\_\_\_\_ ORDER NUMBER # \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT E-MAIL \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

NAME AS IT APPEARS ON THE CARD: \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ CCV# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS FOR CARD: \_\_\_\_\_

CITY/ STATE/ ZIP: \_\_\_\_\_

E-MAIL OF CARD HOLDER: \_\_\_\_\_

PHONE # OF CARD HOLDER: \_\_\_\_\_

*This authorization will remain in effect from this date: \_\_\_\_\_ through: \_\_\_\_\_*

*In addition, I authorize the balance of my account to be charged*

***if other form of payment is not made by API's terms***

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

AutoPay:

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***For office use only***

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

AUTHORIZATION #: \_\_\_\_\_