



apr industries

A DIVISION OF AERO PRODUCTS RESEARCH, INC.

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Credit Card Authorization

Date: ___ / ___ / ___

To: _____

From: _____

Attn: Credit Department

RE: Authorization to Charge

Customer Information

Card Holder Name: _____

Company Name: _____

Street Address: _____

City _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Credit Card Information

I hereby authorize Aero Products Research, Inc. (DBA: APR Industries) to charge my VISA, MasterCard, or American Express account. I agree not to dispute any credit card charges after 15 days of the purchase.

Card: Visa MasterCard AMEX

Card Number: _____

Expiration Date: _____

CVV # (Last 3 digits on the back of the CC; For AMEX 4 digits on the front of the CC) _____

Card Holder Name: _____

Card Holder Signature: _____

Billing Address: _____

Issuing Bank: _____

Is a copy of the credit card attached (check one)? Yes No

***Please fax front and back copy of your credit card to us at (310) 649-1703.**