



Credit Card Authorization

FAX: 877-714-0800

I AUTHORIZE ACE/SECURITY LAMINATES ORANGE COUNTY TO CHARGE TO MY CREDIT CARD:

[] VISA [] MASTERCARD [] AMERICAN EXPRESS [] DISCOVER CARD

ONE TIME ONLY ON OR AFTER _____ DATE

CHARGE AMOUNT: \$ _____

CREDIT CARD NUMBER: _____

CCV SECURITY CODE: _____ (3digit code, 4 digit for American Express)

EXPIRATION DATE: _____ / _____

CARD HOLDER NAME: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: (_____) _____

INVOICE NUMBER: _____

Upon completion of the project, we will charge the remaining balance on this credit card unless the balance is settled by an alternate form of payment.

Any unpaid balance will accrue interest at a rate of 1.5% per month (18% per annum).

Deposits are non-refundable if (1) we pre-cut your security film in preparation for your project or (2) you cancel the installation project without 24hrs notice.

SIGNATURE: _____ DATE: _____