



Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AMEX Discover Other _____

Company Name _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged (4% additional charge) _____

All invoices are Net 30. Accounts not paid within 30 days are subject to a 5% late fee for the total amount of invoice.

By signing this form, you authorize ADVANCED AOG, INC. to charge your card for the amount listed above.

Signed: _____ Date: _____

