



Credit Card Authorization Form

Company Information:

Company Name: _____

Name as it appears on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Information:

Master Card: _____ Visa: _____ Discover: _____

American Express: _____ JCB: _____

Card #: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____

I hereby authorize **AF Kustoms** to process my credit card for payment of products of services which I or my authorized representatives may order:

_____ All Orders _____ This order only _____ Other _____

Authorized Signature:

Signature

Date

Print

Title