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LIMITED CREDIT CARD AUTHORIZATION

Dear Customer,

All Security Equipment, with your authorization, will charge your purchase to a Visa Card, Master Card or Discovery credit card.

If you want to process an order this way, please complete this Authorization Form and fax it to All Security Equipment @ 305-437-8247. Please contact us if you have any questions.

Thank you,
Customer Care Dept.

PO or QUOTE #: []

Authorization To Charge a Purchase
By Signing below, I authorize All Security Equipment / FAS to charge this purchase to my credit card.
I understand this is a "custom order" and my card will be charged upon receipt of this purchase order.
Company Name: Card Type : Circle One American Express Visa MasterCard Discover
Signature: Card Number:
Print Signed Name: Card Expiration Date:
Title: Cardholder: Full Name as appears on card
Verification Code: We can not process without this! [] \$ Amount of Purchase: Purchase Date:
Phone #: () -
Address where credit card bill goes:
City: State: Zip Code:

IS THE ABOVE ADDRESS ALSO YOUR "SHIP TO" ADDRESS? [] Yes [] No
IF YOU CHECKED NO, PLEASE WRITE YOUR SHIP TO ADDRESS BELOW.

Street Address: _____

City, State & Zip Code: _____

Please do not write below this line

Transaction Date: Transaction Amount :
Card Authorization # : Entered By :