



244-246 Broad Avenue, Palisades Park, NJ 07650
 (201) 944-4038 www.kabcomputers.com

Credit Card Authorization Form

Credit Card Billing Information	
Date & Time:	
Your Name/Company Name:	
Person Authorizing:	
Credit Card Type:	Visa [<input type="checkbox"/>] MasterCard [<input type="checkbox"/>] American Express [<input type="checkbox"/>] Discover [<input type="checkbox"/>] Other [<input type="checkbox"/>] _____
Issuing Bank:	
Credit Card Number:	
Security Code:	Last 3 digits on the front of the card, or 4 digits on the front of the card.
Expiration Date:	
Billing Address:	
City:	
State/Province:	
Zip/Postal Code:	
Phone Number:	
Fax Number:	

Please Select One of the Following Payment Options		
Once	Bill my credit card once for the following amount:	
	Please apply this payment to the following order/invoice number:	
Monthly	Bill my credit card once per month for the amount of service provided each month for all contracts with KAB Computer Services:	
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at KAB Computer Services' discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to our office. Changes in the status of this card can also be reported to our office. A 3.5 percent fee will apply to all credit card charges.</p>		

The undersigned is the duly authorized representative of the payee's company as outlined above.

 Authorized Signature Printed Name Date