Credit Card Authorization

Please type or print neatly and fax to Service Argos at 301-925-8995

Company Name:

Customer Name:

	Payer Code	Invoice Number	Invoice Total to be Charged
Customer:			

Address:

Street Address:

City: State/Province: Zip/Postal Code:

Telephone Number: Fax Number: (this form will be your receipt for payment)

Credit Card Company: **MasterCard** **Visa** **Discover**

Cardholder's Name:

Credit Card Account Number:

Expiration Date: (Month and Year) /

Credit Card Holder Billing Address: (if different from above)

Street Address:

City: State/Province: Zip/Postal Code:

I hereby authorize Service Argos, Inc. to use the above written Credit Card number for payment on invoice associated with the customer payer code number indicated above. _____ Initial here if you want Service Argos, Inc. to automatically charge the same credit card for all future invoice payments. This transaction will be charged to your credit card within 45 calendar days from the date of the invoice, unless we are otherwise notified by the client. If you choose not to accept this option, you will need to provide Service Argos, Inc. with a credit card authorization form for each payment transaction and/or for each credit card to be used.

I agree to inform Service Argos, Inc. in writing of any changes on the credit card including expiration dates and lost or stolen cards.

Print Name:

Signature: **Date:**