

aztec® Products, Inc.

Customer Profile / Credit Card Auth Form

201 Commerce Drive, Montgomeryville, PA 18936 Phone 215-393-4700 Fax 215-393-4800

PROFILE: **REQUIRED TO SET-UP CUSTOMERS FOR CASH AND CREDIT CARD ORDERS **

Business Name: _____ City: _____ State: _____ Zip: _____

Street Address: _____ County: _____ Contact: _____

Phone#: (____) _____ Fax: (____) _____ Email: _____ Web: _____

Ownership: ___ Corp Fed Tax Id#: _____ Annual Sales: _____

___ Partnership Years in Business: _____ Primary Equip Line: _____

___ Sole-Proprietor Primary Business: _____ # Employees: _____

Expected Annual Aztec Purchases \$: _____ Primary Sales Area: _____

PRINCIPALS:

Name: _____ Title: _____ Drivers Lic#: _____ State: _____

Name: _____ Title: _____ Drivers Lic#: _____ State: _____

CARD INFO: **REQUIRED TO SET-UP CUSTOMERS FOR CASH AND CREDIT CARD ORDERS **

Credit card fraud is on the rise in the United States and around the world. In an effort to protect both our customers and ourselves from fraud, we now require all credit card customers to complete a customer profile / credit card authorization form. (Please note that you can choose either blanket authorization to allow Aztec to charge your card each time you place an order, or a one-time authorization (which will need to be completed each time you order.)

I, _____ (must be cardholder) authorize Aztec Products, Inc. to charge my credit card listed below. I acknowledge my understanding that no goods may be returned to Aztec without a Returned Goods Authorization, that the sole remedy to warranty issues is to return parts for repair / replacement and that Aztec neither warranties equipment applications nor offers a money-back guarantees.

PLEASE SELECT ONE:

- This is a one-time only authorization. (Will have to be completed for each order)
 This is a blanket authorization to use my card when I, and only I, place orders for my company.
 This is a blanket authorization to use this corporate card when anyone places orders from my company.

Type of Card: VISA MASTERCARD AMEX DISCOVER

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____

Name on Card: _____

Card Verification Code _____

Credit Card Billing Address

Requested Shipping Address

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: _____

Telephone: _____

As the credit card holder, I hereby authorize the charge on this card and receipt of merchandise at the shipping address above.

** Cardholder's Signature: _____ Date: _____

Cardholders Printed Name: _____ Title: _____

Check Box for
Digital Signature
Authorization

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.
All information entered on this form will be kept strictly confidential by Aztec Products, Inc.

****Please type your name in the signature box and check Accept to Sign Digitally****