AVISPay

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:	*Authorization Code:*
NAME / COMPANY NAME:	
Person Authorizing:	
Credit Card Type:	Visa [ ] MasterCard [ ] Amex [ ] Discover / Novus [ ] Maestro [ ] Other, please specify:
Issuing Bank:	
Credit Card Number:	
Enter CVC (Security Code):	
Expiration Date:	
Billing Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	
Fax Number:	

Please select one of the Following Payment Options:		
Maximal authorized amount	Debit my credit card once or multiple times up to maximum:	
	Please apply this payment to the following Insertion Order/Invoice #:	
Monthly	Bill my credit card once per month for the following amount:	

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at company's discretion if any charges are declined or chargebacks are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to
_____.

Any changes in the status of this card can also be reported to
_____.

Applicant agrees to authorize multiple charging of his card not exceeding the maximum authorized amount if it is necessary about the existing standard card restrictions.
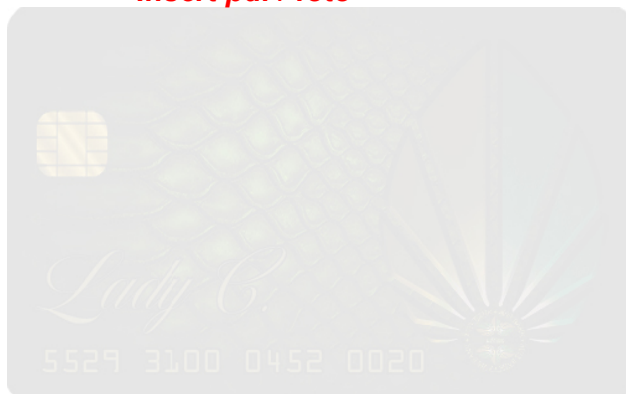
The undersigned is the duly authorized representative of _____.
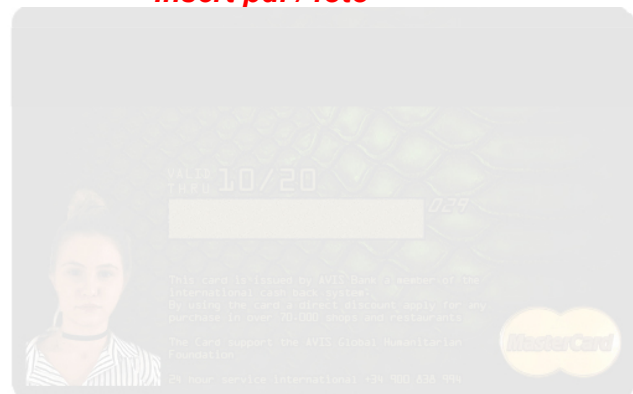
Authorized Signature: Date:

            Time:

_____

Front-side of Credit Card
Insert pdf / foto

Back-side of Credit Card
Insert pdf / foto

PASSPORT
Insert pdf foto