

Recurring Credit Card Payment Authorization Charge Form

Instructions: Complete the Form Sign it and Fax it back to 305-479-2924 or Email it to salesinfo@aptech.us



APTECH
8180 NW 36th St., Suite 110
Miami, FL
U.S.A.
33166
Phone: 305-477-2824
Fax: 305-479-2924
www.aptech.us

Date:			
Customer:			
Credit Card #:			
Card Type:	<input type="radio"/> Visa	<input type="radio"/> Mastercard	<input type="radio"/> Amex <input type="radio"/> Discover
Expiration Date MM/YY:		CSC:	
Amount:			
First Name:			
Last Name:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Phone:			
E-mail:			

I authorize APTECH to charge my credit card the first day of every month for the amount of my Plan plus 2.9% plus 0.30 cts per transaction as convenience fee.

If APTECH is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant that all information given is true and correct.

Cardholder Signature:	
Print Name of Cardholder:	

Internal Use Only:

Payment will be Applied to:

Order Completed:	
Service:	