



P.O. BOX 22283  
CHATTANOOGA, TN 37422-2283  
PHONE 800-218-3995  
FAX 800-518-5528

## AUTHORIZATION TO CHARGE

Customer Information	Please Print
Customer Name	
Address	
City, State Zip	
Customer ID #	

I am the authorized cardholder for the below-listed credit card and hereby authorize AVM Enterprises, Inc. to debit such card on purchases of supplies from AVM Enterprises, Inc. when I am not present. Receipt of charge will be faxed to the number we have on file.

By signing this form, I agree not to initiate a chargeback proceeding with my credit card company for charges by AVM Enterprises, Inc. on the credit card below, and understand that any such chargeback will constitute a breach of contract. I agree to waive any chargeback rights I may have, and will contact AVM Enterprises, to resolve any dispute regarding charges by AVM Enterprises, Inc. on the card first.

### Complete Below:

	Information
Type of Credit Card	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Credit Card Number	
Expiration Date	
CID (last 3 numbers on back)	<input type="checkbox"/> for AMEX (4-digit Code on Front)
Name on Credit Card	
Credit Card Billing Address	
Please Indicate	Keep on File for Future Purchases

### Customer Authorization:

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

So that we can easily contact you in the event that we have a question regarding this transaction, please provide both your phone number and an e-mail address.

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**To protect your privacy, this form must be returned to 800-518-5528**