



Admit One Products, Inc.  
**Credit Card Authorization Form**  
 15331 Barranca Parkway, Irvine, CA 92618 • (866)236-4817

**Instructions**

1. Complete this form by printing clearly with a dark pen, all information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form to us at our secure fax machine at **(949) 453-0205**.

**AOP Job #** \_\_\_\_\_ **AOP Sales Person** \_\_\_\_\_

Price \_\_\_\_\_

Sales Tax (CA Only) \_\_\_\_\_

Freight \_\_\_\_\_

Total

As the credit card holder, I hereby authorize Admit One Products, Inc. to charge my credit card account in the amount stated above (including shipping and/or taxes, if applicable).

**X** \_\_\_\_\_

**Type of Card** Visa/MC/AmEx/Dis **Credit Card #** \_\_\_\_\_

**Expiration Date (MM/YY):** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Credit Card Name and Billing Address**  
*(Please fill out exactly how it appears on your statement)*

**Requested Shipping Address**  
*(If different than billing address)*

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Company** \_\_\_\_\_

**Street** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

<b>For Accounting Use</b>	
Processed By:	_____
Date:	_____
Authorization #:	_____

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