



# CREDIT CARD AUTHORIZATION FORM

Ambro Manufacturing  
6 Kings Court  
Flemington, NJ 08822

**FAX # (908) 806-2017**

Dear Customer,

Regulations pertaining to credit card purchases require Ambro Manufacturing to obtain the following information in order to process any credit card purchases without physical possession of the card and the embedded information on the magnetic strip. Please fill out this form completely to assure prompt order processing and mail to the address shown above.

## CUSTOMER INFORMATION

COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	SPECIAL T'S ACCOUNT NUMBER	

## CARDHOLDER'S INFORMATION

CARDHOLDER NAME	PLEASE CHECK APPROPRIATE BOX		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDHOLDERS ADDRESS	VISA	AMEX	MASTERCARD
	___ ___ ___ 3 DIGIT SECURITY CODE ON BACK OF CARD		
CITY	STATE	ZIP CODE	CARD NUMBER
			EXP DATE
			\$
<b>ADDITIONAL CHARGES MAY APPLY IF SHIPPING IS REQUIRED YOU MAY SEE 2 SEPARATE CHARGES ON YOUR STATEMENT</b>			

I certify all information provided to Ambro Manufacturing is true and correct to the best of my knowledge and hereby authorize Ambro Manufacturing to charge the credit card as specified above for purchases made by me from Ambro Manufacturing. We have a strict no returns policy, all sales are final and returns are not accepted for any reason. We do not guarantee specified delivery times or dates. Your signature signifies that you understand our no return policy, no specified delivery date or time policy and you approve and authorize charges to your credit card.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT CARDHOLDERS NAME CLEARLY

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