



Credit Card Payment Authorization Form

Sign and complete this form to authorize Adams Companies, Inc. to make a debit(s) to the credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. Please select below whether this is a one-time permission or for recurring authorization for any additional unrelated debits or credits to your account.

****Please complete the information below:**

I _____ authorize Adams Companies, Inc. to charge my credit card
 (Full name)

account indicated below for _____ on or after _____. This payment is for
 (Amount) (Date)

 (Description of goods/services)

<u>Bill To:</u>		<u>Ship To (If different)</u>	
Company Name	_____	Company Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone#	_____	Phone#	_____
Email	_____	Email	_____
Charge Type:	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring		
Tax Exempt:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

****Please return completed form to MicheleH@aci-hvac.com, Tracy@aci-hvac.com or faxed to (704) 664-0846 in order to release shipment. Form must be received prior to 2:00EST for orders to be released same day.**