



## Credit Card Authorization Form

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on Credit Card

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Zip Code/Postal Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV (3 or 4 digit no. on back of card): \_\_\_\_\_

Invoice/ Product/ Service order number: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_

Select One:

One-time charge only

Authorize ARINC to keep on file for future approved payments\*

Authorize ARINC to keep on file and charge all future invoices without my contact\*\*

Signature: \_\_\_\_\_

Comment: \_\_\_\_\_

**Please return the completed and signed form via fax (410) 573-3251 or email mlcooper@arinc.com, Attn: Michelle Cooper, Credit Card Administrator**

Terms and Conditions:

\*By accepting these terms, BUYER authorizes SELLER to charge BUYER's credit card automatically for future orders placed by BUYER.

\*\*By accepting these terms, BUYER authorizes SELLER to charge BUYER's credit card automatically for the current and future orders placed by BUYER.

The credit card may also be retained for ongoing recurring payments which have been previously APPROVED by the BUYER for the length of the recurring payment schedule (e.g. monthly subscription for a year).

Please note that in order to validate your credit card, we will perform an AUTHORIZATION ONLY transaction for \$1.00. You will NOT be charged this fee as it is only an AUTHORIZATION. It will NEVER show up on your monthly credit card statement.

For non-invoice payment BU must provide the following:

Project/WPN# \_\_\_\_\_ GL Account# \_\_\_\_\_ Org# \_\_\_\_\_

Customer ID: \_\_\_\_\_

Internal Accounting Process:

Approved \_\_\_\_\_ Declined \_\_\_\_\_ Emailed response \_\_\_\_\_