

CREDIT/DEBIT CARD AUTHORIZATION

ASI Customer Information

Customer Account #:	Date:		
Company Name:			
Credit Card Informatio	n		
Credit Card MUST be a company cre	dit card or the personal card of an owne	r, principal, or officer of t	he company.
Credit Card Type: American B	Express Discover Master C	ard 🗌 Visa	
Card Type: Company/Corpora	ate Personal		
Card Number:	Expiration Date	e: CCID#	(on back of CC)
Card Holder Name (as it appears on	card):		
Card Holder Billing Address:			
City:	State:	Zip:	
replacements thereto and the proceeds thereof) to secure the performance by BUYER of all such obligations, as set forth more fully in ASI's standard terms and conditions of sales which govern this transaction." I hereby authorize ASI Corp. to charge my American Express / Discover / Master Card / Visa account for the purchase of personal computer components. Freight will be charged separately. Cardholder Signature: Date:			
Drivers License#:	Ac	ditional information ma	ay be required.
☐ Please retain my authorization for future orders. Signature:			
Please fax signed authorization form to the location where placing order.			
Atlanta, GA (678) 502-1392	Dallas, TX (909) 444-8076	Edison, NJ (732) 343	-7117
Fremont, CA (510) 249-1856	Houston, TX (909) 444-8076	Itasca, IL (909) 444-8	3076
Los Angeles, CA (909) 444- 8076	Lenexa, KS (909) 444-8076	Miami, FL (909) 444-	8076
Portland, OR (909) 444-8076	-		