



AAA Distributor, Inc.
2501 Grant Avenue, Philadelphia, PA 19114

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www.aadistributor.com

Credit Card Authorization

AAA Distributor, Inc will charge your credit card account for the total amount of your product or services \billing. Payment will need to be made as the full amount due date.

As a participant of billing, I agree to and/or understand all of the following:

- I authorize AAA Distributor Inc to charge my credit card for any product or services billing.
- I will ensure that sufficient credit is available on the card to cover my bill.
- I will promptly notify AAA Distributor Inc of any change to my bill payments. If a change occurs it is my responsibility to provide AAA Distributor Inc with the current account information.

Credit Card Information:

Cardholder's full name: _____

Mailing Address for Credit Card Statement:

Credit Card Number: _____ Security Code: _____

Master Card

Visa

Billing Zip Code: _____ Expiration Date: _____ / _____

Authorization

I hereby authorize AAA Distributor Inc. to initiate charges to the credit card account indicated above in the amount of \$ (_____)

for the purpose of paying my bill for product or services. This authority is to remain in full force and effect until I revoke it by giving 15 days prior written notice to AAA Distributor, Inc, it is canceled by AAA Distributor, Inc. under the conditions stated above, or upon termination of my service. I have also read, understand and agree with all AAA Distributor, Inc. terms, conditions and policies.

Card Holders Signature

_____/_____/_____
Month Date Year

Customer Name (Please Print): _____