



Credit Card Authorization Agreement

Thank you for your Business. In order to accept credit cards, the following agreement must be signed and faxed to AIM Services, Inc. at **830-476-2487**, as your approval to our charges for products and services purchased from AIM.

Please complete **Section A** and **Section B**. . If you have any questions, please contact us at **1-800-275-1353**.

SECTION A: Required Purchaser / Ship To: Information

Business Name: _____

Contact Name: _____ Email: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Fax#: _____

SECTION B: Required Purchaser Credit Card Authorization Information

Check one: VISA  MasterCard  AMEX  Discover 

One-time payment authorization for: _____

Recurring service payment—Begin date: _____ End Date: _____

For any subsequent purchases of product or services placed by customer and invoiced by AIM Services, Inc..

Credit Card #: _____

Expiration Date: _____ Card Code: _____ AMEX-4 digit on front / VISA, MC, Disc-3 digit on back

Cardholder Name (as it appears on the credit card): _____

Billing Address: _____

City, State, Zip: _____

I hereby authorize AIM SERVICES, INC. to bill the credit card listed above for products and services purchased from AIM. I agree to pay the according to the terms and conditions of the card issuer agreement.

Signature _____

Date _____

REQUIRED

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