

Credit Card Authorization Form	
Invoice Number/s:	Payment: \$
Name That Appears on the Card:	
Credit Card Type (Check one): <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Number:	Expiration ___/___/___ CVV _____
Credit Card Billing Address:	City: State: Zip:
Contact Information:	
Name:	Title:
Email:	Phone:

I hereby authorize Akron Generics on the account above to charge the credit card listed above, for the amount of each order. The amount of each charge will be reflected on the invoice received from Akron Generics, unless a dispute with respect to such invoice is advised to Akron Generics, in writing within 3 business days of the receipt of the product(s) from Akron Generics. This authorization shall continue until the listed credit card (or replacement thereof) expires or until you receive my written notification that this authorization has been cancelled.

Owner or Authorized Officer Signature

Date:

X _____
