Air-Con International, Inc.
5610 NW 12 Ave Suite 209
Ft. Lauderdale, FL 33309
Ph. 954-771-1415
Fx. 954-771-1418

Credit Card Payment Authorization Form

Date

Amount (USD)

Select Card

- ◯ Visa
- ◯ MasterCard
- ◯ American Express
- ◉ Other

I authorize Air-Con International, Inc. to charge the above amount to the following account number:

Expiration Date (MM/YYYY)

CC Security Number

Driver License or Passport # (Optional)

Authorized Signature

_____

Billing Information (Personal Credit Card)

Card Holder Name

Telephone Number

E-Mail Address

Address

City

State

Zip Code

Billing Information (Company Credit Card)

Company Name

Card Holder Name

Address

City

State

Zip Code

Authorized Card User(s)

E-Mail Address

Telephone Number

Fax Number

Please fax or scan this completed document along with a copy of the front and back of the credit card and photo identification (driver license/passport). Thank you.