



Credit Card Authorization Form

I (we) hereby authorize **AvantGuard Monitoring Centers Inc.** (THE COMPANY) to initiate entries to my (our) account listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Dealer Company Name) Dealer # _____

(Dealer Company Address – PLEASE PRINT)

Credit Card is: Personal Business

Credit Card Information: [] Discover [] Mastercard [] Visa [] American Express

(Card Number)

Expiration Date (MM/YY): ____/____

Security Code: _____
(3 or 4 digit number on back of card to right of signature line)

Dealer Telephone: () _____ - _____

Dealer Fax: () _____ - _____

Send receipt: Email Fax Mail

Dealer Email Address: _____

Amount \$ _____ Frequency: Monthly One Time Only Other _____
(Amount N/A if Monthly is checked)

(Name as it appears on the card – PLEASE PRINT)

(Credit Card Billing Address, including zip code)

(Signature)

(Date)

(Signature)

(Date)

****Please Note: Upon the expiration date of the credit card, payments can no longer be processed. It will be the sole responsibility of the credit card owner to contact THE COMPANY to execute a new Authorization form.**