

Recurring Credit Card Payment Authorization Charge Form

Instructions: Complete the Form Sign it and Fax it back to 305-479-2924 or Email it to salesinfo@aptech.us



APTECH
 8180 NW 36th St., Suite 110
 Miami, FL
 U.S.A.
 33166
 Phone: 305-477-2824
 Fax: 305-479-2924
 www.aptech.us

Date:

Customer:

Credit Card #:

Card Type: **Visa** **Mastercard** **Amex** **Discover**

Expiration Date MM/YY: CSC:

Amount:

First Name:

Last Name:

Billing Address:

City:

State/Province:

Zip/Postal Code:

Phone:

E-mail:

I authorize APTECH to charge my credit card the first day of every month for the amount of my Plan plus 2.9% plus 0.30 cts per transaction as convenience fee.

If APTECH is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant that all information given is true and correct.

Cardholder Signature:

Print Name of Cardholder:

Internal Use Only:

Payment will be Applied to:

Order Completed:	<input type="text"/>
Service:	<input type="text"/>