



Credit Card Authorization

Business Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____
 Contact: _____
 Telephone: _____ Fax: _____
 Email address: _____
 Print Name: _____ Signature: _____

Business Name: _____
 Shipping Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____
 Contact: _____
 Telephone: _____ Fax: _____
 Email address: _____
 Print Name: _____ Signature: _____

Please charge to the following credit card:

American Express: _____ Expiration Date: _____

Master Card: _____ Expiration Date: _____

Visa: _____ Expiration Date: _____

Security Code: _____

Name as it appears on the credit card: _____

I authorize A&J Vacuum Services, Inc., to bill charges to the above credit card.

Cardholder's signature: _____ Date: _____

Print Name: _____

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