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CREDIT CARD AUTHORIZATION FORM

PLEASE RETURN BY FAX OR EMAIL

FAX: (631) 254-0192 EMAIL: INFO@APPLEICE.COM

COMPANY NAME: _____

CLIENT NAME: _____

CARD TYPE: MasterCard: _____ Visa: _____ Amex: _____ DISCOVER: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME ON CREDIT CARD: _____

CREDIT CARD BILL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AMOUNT CHARGED: _____ (TAX WILL BE ADDED FOR RETAIL CUSTOMER)

DUE TO AN INCREASE IN CREDIT CARD FEES YOU WILL BE CHARGED A 3% STANDARD FEE

CLIENT SIGNATURE: _____

DATE: _____