

AB Technology Group / AB Thermal Tech - Credit Card Use Authorization Form

Company/Business/Individual (Customer): \_\_\_\_\_

Quote, Invoice, Customer PO/PA: \_\_\_\_\_

Invoice / Charge Amount: \$ \_\_\_\_\_

Order Date: \_\_\_\_\_ Credit Card Type: \_\_\_ M/C \_\_\_ Visa

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card Expiry Date: \_\_\_\_ / \_\_\_\_ 3 or 4 digit security code: \_\_\_\_\_

Full Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Billing City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

The signature and initials below signify that you hereby authorize AB Technology Group / AB Thermal Tech or any of its subsidiaries to charge the credit card listed above for the services indicated on the Quote/Invoice/PO/PA listed above. Please read and initial the statements below and sign indicating your authorization to charge the credit card listed having been issued to you, the cardholder. Without the form signed, we will not authorize the charge to be added to your card. Please contact us with any questions regarding this form.

In the event that a charge is subsequently rejected or returned or chargebacked for any reason, the customer listed above agrees to make full and prompt payment immediately upon receipt of notice. Customer is responsible for and will reimburse any fees or charges incurred as a result of a rejected, returned or chargebacked amount. Interest at the rate of 1.5% per month will be assessed on the total of any amounts not paid within 30 days of the notice date. Customer agrees to pay all costs including legal fees incurred in an attempt to collect any outstanding amount.

Initial here: \_\_\_\_\_ I authorize AB Technology Group / AB Thermal Tech or its subsidiaries to charge my credit card in the amount of \$\_\_\_\_\_ from the credit card account listed above. I understand this will post as a charge on the credit card account listed and I authorize such charge.

Initial here: \_\_\_\_\_ For non-standard and custom fabrication orders: I have read and understand the cancelation policy as disclosed below:

\_\_\_\_\_  
\_\_\_\_\_

Initial here: \_\_\_\_\_ I have requested delivery of this order to an address other than my card billing address as listed below:

\_\_\_\_\_  
\_\_\_\_\_

Delivery method: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Fax this form to (610) 340-9054 when completed  
attach photocopy of both front and rear of credit card and photo ID**

**AB Technology Group / AB Thermal Tech  
107 Court St., Watertown NY 13601 11 Cotton Street., Bowmanville, ON L1C 5H3  
Phone: (610) 906-3549, Fax: (610) 340-9054**