



A&B LASER INC. 35 WEST ST. SUITE 102 SPRING VALLEY NY 10977
 TEL 845.425-5248 FAX 845.425.5274
 WWW.AANDBLASER.COM EMAIL INFO@AANDBLASER.COM

CREDIT CARD AUTHORIZATION FORM

Please Fax Back To (845) 425-5274 ATTN: Credit Dept. Order or PO No

Dear Valued Customer,
 The following information is needed to protect you and our business; we request that you provide us with the following information:
 I authorize **A&B LASER INC.** To charge my credit card account with the information as follows:

YOUR INFORMATION

Company Name

NAME (as appears on card):

Billing Address (Exactly its on billing statement)

City **State** **Zip** **USA**

DAY PHONE NO **EMAIL ADDRESS**

CREDIT CARD INFORMATION

ANEX **VISA** **MC** **DISCOVER** **TOTAL AMOUNT OF PURCHASE**
CREDIT CARD NUMBER **EXP. DATE**
 XXXX-XXXX-XXXX-XXXX MO / YEAR

A&B LASER INC. now requires the CSC verification code. Usually a 3-digit security number, it's in back of your card. In order to expedite the processing of your order, please provide your bank's 800 customer service number. It can be found on the back of your credit card. We need this if the AVS Response: Address Does NOT Matches

BANK'S PHONE NUMBER **CSC SECURITY CODE**

SHIPPING INFORMATION

Please Note: A&B LASER INC. does not ship to third party addresses. If your billing and shipping address does not match. Please provide a copy of your driver's license, and your credit company should be notified with the alternate shipping address. For your safety, all packages that are shipped from A&B LASER INC. are "signature required". We can not take responsibility for delayed arrivals to rural areas.

Same as billing address (skip this section)

Cardholder's business address

Cardholder's physical home address

COMPANY NAME **NAME**
SHIPPING ADDRESS **SUITE /APT**
CITY **STATE** **ZIP** **USA**

BRIEF DESCRIPTION OF PURCHASE

I certify that the addresses stated above are authorized billing & delivery locations with my credit card company, and I also certify that all information stated above is true and correct and that I agree with all store policies as stated on the invoice and this document.

SIGNATURE: _____ **DATE:**