



3393 W. Vine St # 302

Kissimmee, FL 34741

1-888-405-8706

Credit Card Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card.

Just complete and sign this form to get started!

Please complete the information below:

I _____ authorize Alliance POS to charge my credit card indicated below for \$250.00 on 11/24/2014 or after for POS Setup .

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

Copy of identification for card holder	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
	<input type="checkbox"/> Discover	
	Cardholder Name _____	
	Account Number _____	
	Exp. Date _____	
	CVV (3 digit number on back of card) _____	

SIGNATURE _____

DATE _____

I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.