

# Credit Card Authorization

## Instructions

1. Fill in the requested information below.
2. Fax completed form to 1-855-975-2671 or email it to [lois@acoustica.com](mailto:lois@acoustica.com).

## Company or Personal Information

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

## Credit Card Information

Card Type;  Visa  
 MasterCard  
 American Express

Number: \_\_\_\_\_ CSC: \_\_\_\_\_

Exp: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize Acoustica, Inc. to charge my credit card for future purchases made by me either verbally or on-line. Authorization valid until: \_\_\_\_\_ Initial here: \_\_\_\_\_