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# Credit Card Payment Authorization Form

Please complete and sign this form to authorize ALT Systems, Inc. ("ALT Systems") to charge your credit card listed below. Please indicate whether you would like this form to be for a one time use or blanket use. If you select one time use, please provide the amount, date, and quote/invoice number below in addition to the other requested information.

**ONE TIME USE**

**BLANKET USE**

I \_\_\_\_\_ authorize ALT Systems to charge the  
(full name)

credit card listed below for \_\_\_\_\_ on or after \_\_\_\_\_.  
(amount) (date)

Reference: \_\_\_\_\_  
(Quote or Invoice number)

Card Type:  Visa  MasterCard  AMEX  Discovery

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

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

By signing this form, you hereby (i) represent and warrant that you are an authorized user of the credit card listed above, and (ii) covenant that you will not dispute charges made to such credit card by ALT Systems in accordance with this form.