

# AUTOMATED BUSINESS MACHINES, INC.

## F & E CHECK PROTECTOR COMPANY

6073 N.W. 167th Street, Suite C-24 • Miami, Florida 33015-4347  
**Miami-Dade:** (305) 620-0020 • **Broward:** (954) 739-1222  
**Palm Beach:** (561) 833-9044 • **Toll Free:** (800) 446-5501  
**Fax:** (305) 620-2201 • sales@abmmiami.com • www.abmmiami.com

### ONE-TIME CREDIT CARD AUTHORIZATION

*(This form must be completed in its entirety)*

I, \_\_\_\_\_, representing \_\_\_\_\_,  
(Please print or type name as it appears on the card) (Please print or type your company name)

hereby authorize "Automated Business Machines, Inc."

to process the amount of \$\_\_\_\_\_ on my credit card listed below, for the purpose of

\_\_\_\_\_  
(Invoice number, Deposit on order, Payment on account, Etc.)

Type: \_\_\_\_\_ Personal Credit Card  
\_\_\_\_\_ Corporate/Business or Gov't Card  
\_\_\_\_\_ Debit Card (with Visa/MC logo)  
\_\_\_\_\_ Foreign Credit Card

Brand: \_\_\_\_\_



Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

C.I.D.# (Card Identification Number-located on credit card): \_\_\_\_\_  
(3 digit on back -Visa, M/C, Disc) (4 digit on front -AmEx)

*For your protection, we verify credit card billing addresses.*

*\* Please enter **the billing address** where you receive credit card statements for the above card.*

\* Address \_\_\_\_\_

\* City \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Person(s) authorized to pick up merchandise charged above: \_\_\_\_\_

**or** Company name & address to be delivered to: \_\_\_\_\_

Person(s) authorized to sign at address: \_\_\_\_\_

Driver's License number of cardholder: \_\_\_\_\_

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

**NO RETURNS OR REFUNDS**

*I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)*