**AES CORPORATION CREDIT CARD AUTHORIZATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CREDIT CARDHOLDER INFORMATION** | | | | | | |
| NAME ON CREDIT CARD |  | | | | | |
| TYPE OF CREDIT CARD | VISA |  | MASTER CARD | |  |  |
| TYPE OF ACCOUNT | PERSONAL | | | BUSINESS | | |
| COMPANY NAME |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ACCOUNT NUMBER | | SECURITY CODE | | | | |
| EXPIRATION DATE | |  | | | | |
| BILLING ADDRESS | |  | | | | |
| CITY |  | | STATE |  | ZIP CODE |  |
| PHONE |  | | EMAIL |  | FAX NUMBER |  |

|  |  |
| --- | --- |
| **AUTHORIZED USER OF CREDIT CARD** | |
| NAME |  |
| COMPANY |  |
| PHONE NUMBER |  |
| EMAIL ADDRESS |  |
| IDENTIFICATION |  |
| RELATION TO OWNER |  |
| TYPE OF CHARGES |  |
| AUTHORIZED AMOUNT |  |
| DATES OF CHARGES |  |

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the “AUTHORIZED AMOUNT” field. I understand this is only for up to this amount during the time period of “DATES OF CHARGES” referenced above. If additional charges are going to be authorized a new form will have to be completed.

|  |  |  |  |
| --- | --- | --- | --- |
| CARDHOLDER NAME |  | | |
| SIGNATURE |  | DATE |  |

