

Intuit & Retail Solution Providers, QuickBooks Advanced ProAdvisor & Peachtree Certified

CREDIT CARD AUTHORIZATION FORM

Instructions

1. Complete this form by printing legibly with a dark pen, all billing and shipping information in the blanks below.

2. Sign with the credit card holder's signature on the line indicated.

3. Include a photocopy of the front and back of the signed credit card.

4. Fax this form, along with the photocopy of the signed credit card, back to us toll free to our secure fax machine at 1-866-705-8254 to complete your order.

l,	, hereby authorize AB GROUP, LLC to charge
my credit card account in the amo	unt of \$ (including shipping and/or taxes, if applicable).
PeachtreeQuickB	ooks EnterpriseQuickBooks POSTemplates
Version Type of Card: VISA	MASTERCARDAMERICAN EXPRESS
Credit Card Number	
Expiration Date CV	C Code (last three digits on the number on the back of the card, Amex 4 in front)
Credit Card Billing Address	Requested Shipping Address
Street:	Street:
City:	City:
State: Zip Code:	State: Zip Code:
As the credit card holder, I hereby	City: City: Zip Code: Telephone: Telephone: authorize receipt of merchandise at the shipping address above.
Cardholder's Signature	Date
Group, LLC are FINAL SALES. All s manufacturer. AB Group, LLC soft	r understand that all purchases of software, templates & services through AB software related claims and any other damages need to be directed to the tware sales are offered as a courtesy to our clients and therefore AB Group, and the Credit Card Holder by signing below agrees to the terms of the sale.
Date	
Cardholder's Signature	

Your completion of this authorization form helps us to protect you, our valued client, from credit card fraud. All information entered on this form will be kept strictly confidential by AB GROUP, LLC.

Complete and fax all documents required to: 1-866-705-8254