



Ameritone – Maui

140 Alahama Street
Kahului, HI 96732
Phone: (808) 871-7734 Fax: (808) 871-6073

CREDIT CARD AUTHORIZATION

CIRCLE ONE: VISA MASTERCARD

CREDIT CARD NO. _____

EXPIRATION DATE: ____ / ____

SECURITY CODE: _____

(LAST 3 DIGITS ON THE SIGNATURE PANEL)

COMPANY NAME: _____

NAME THAT APPEARS ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO. _____
(BUSINESS) (RESIDENTIAL) (ALTERNATIVE)

I HEREBY AUTHORIZE _____

TO CHARGE ON THIS ACCOUNT FOR JOB BEGINNING ON _____

AND ENDING ON _____.

I HEREBY AUTHORIZE AMERITONE MAUI TO AUTOMATICALLY CHARGE THE ABOVE LISTED CREDIT CARD FOR ALL CHARGES MADE TO MY ACCOUNT ON EACH BILLING CYCLE.

CARD HOLDER SIGNATURE: _____

DATE: _____

RESTRICTIONS/NOTES:

