



axiom america

Archdale NC | Baltimore MD | Evansville IN | Chicago IL

Blanket Credit Card Authorization Form

I give Axiom America authorization to keep my credit card information on file for credit card terms; I understand that my card will be charged as orders are invoiced.

To be completed by the cardholder:

Business Name _____ Tel. _____

Contact Name _____

Type of Credit Card: Visa _____ MC _____ AMEX _____ Discover _____

Print Exact Name on Credit Card _____

Credit Card # _____ Exp: _____

C-ID/ CVC2 # _____ (see below for location of #)



Billing Address on Card _____

Signature of Card Holder

Date

*All disputes must be reported within 60 days of invoice date. Written notification is required to cancel use of this credit card.