



Credit Card Authorization Form

In order for Api Supply Lifts to accept and bill your credit card, please complete all fields below, sign, date and fax to 612.379.8038 or email to Accounting@apisupplyinc.us. Please provide the following information as it appears in your order. All information sent is strictly confidential and Api Supply Lifts adheres to the highest standards of account data protection.

Attention: _____

Billing Information: (as it appears on your credit card statement)

Company: _____ Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Email Receipt: _____

Credit Card Type: Visa MasterCard American Express

Cardholder's Name: _____

Credit Card #: _____ Expiration Date: _____

Please Check the Appropriate Box(es):

- One Time Use:** I hereby authorize Api Supply Lifts to charge the indicated credit card the amount indicated below. This is a one-time charge authorization. I am not authorizing Api Supply Lifts to setup my account within a recurring billing system. I understand that if I want Api Supply Lifts to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

Amount to be charged: _____

Please initial here: _____

- Recurring Billing:** I hereby authorize Api Supply Lifts to charge the indicated credit card on a periodic basis for the amount due under my contract with Api Supply Lifts. This Recurring Payment Authorization shall remain in force until cancelled by me in writing.

Amount charged will be determined by contract.

Please initial here: _____

Authorization:

Signature of Card holder (Required): _____ Date: _____