



ABP International, Inc. Credit Card Authorization

Please complete and sign and return this Credit Card Authorization. ABP International, Inc. needs to keep this form with your signature on file for all International and Domestic credit card orders above US \$1,000.00

Customer Name: _____

Credit Card Type: (check one) ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card #: _____ CVV: _____ Expiration Date: _____

CARDHOLDER "BILL TO" ADDRESS

"SHIP TO ADDRESS"

Company Name _____
(If corporate card)

Company Name _____

Cardholder Name _____

Attention _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone _____

Phone _____

Fax Number _____

E-mail Address _____

☐ I hereby authorize ABP International, Inc. to ship my order and charge my credit card for \$ _____.
Please Note: Shipping charges will be added and will vary according to shipping preference.

☐ I hereby authorize ABP International, Inc. to use this credit card for all other orders placed through December 31, 2009.

I accept and understand I will not receive a refund on any merchandise shipped unless I have received a valid RMA from ABP International, Inc. and ABP International, Inc. has received the returned merchandise.

Print Name

Cardholder Signature

Date

****International Customers agree to pay all TAXES and DUTIES associated with importing into their respective Countries.****

Your order will not be processed until this completed form is returned. All information is confidential and will not be used for any purpose other than explained above. All information must be legible.

Please fax completed form to 972-831-1416