



1565 Reliance Way, Fremont, CA 94539
 Tel: (510) 651-8886 Fax: (510) 651-4119

Credit Card Charge Authorization Form
California Fax: (510) 651-4119
 Fax to Amax Sales Account Manager:

Company Name: _____

Credit Card Type: MasterCard Visa American Express Discover Card Debit Card

Credit Card Number: _____ Expiration Date: _____

Name (as shown on card): _____ CVV #: _____

Billing Address (as shown on credit card statement):

Shipping Address (if Ship To Address is Different)

Thank you for your order. AMAX is making an extra effort to prevent credit card fraud, and your cooperation is critical. Please **provide all** of the following:

- 1) **This completed form**
- 2) **A readable photocopy of your credit card (front and back)**
- 3) **Your last credit card statement or a photocopy of your driver's license with your signature clearly showing**

I, the undersigned, do hereby authorize AMAX Engineering Corporation ("AMAX") to process charges against my above referenced credit card for any amount that I may owe to AMAX relating to goods and/or services I purchased.

Amax is also hereby authorized by you, the customer, to charge your credit card if (1) any payment is delayed for more than 10 days from net invoice due date, (2) any short pays due to returned checks, non-return RMA invoices, etc.

I agree that I will not dispute any legitimate charges processed by AMAX against the above referenced credit card. I specifically understand that if the goods I purchased from AMAX need to be returned, I agree not to dispute any AMAX credit card charge, and I will work with AMAX Customer Service Department to obtain the returned merchandize authorization (RMA). If the request for RMA is approved by AMAX, credits will be issued only after the goods with complete accessories under brand new conditions are returned and received by AMAX.

This authorization will remain in full force and effect until terminated, in writing, by me.

Acknowledged and agreed:

 Signature of Card Holder

 Date

 Print Name of Card Holder

AMAX Use Only	
VFD	_____
Filed	_____