



Credit Card Authorization Form for Recurring Charges

Atlantic Battery Systems Inc., accepts MasterCard, Visa, and American Express credit card payments. Payment for invoices will be processed at the time of shipment and all credit card transactions will have a mandatory 4% processing fee. Please clearly fill out form in full:

MasterCard

Visa

AMEX

Credit Card Number: _____

CV2 Number: _____

(3 digits on MC/Visa, 4 digits on AMEX)

Expiration Date: _____

Name on Card (Please Print): _____

Business Name: _____

C/C Billing Street Address: _____

City, State, Zip: _____

I authorize the Atlantic Battery Systems Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is for regularly scheduled charges. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

TOTAL VALUE: _____

Amount Billed Per Cycle

Signature

Number of Billing Cycles

Printed Name

Start & End Date

Title

Date