

Credit card authorization



COMPANY INFO:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

CARD INFO:

Name on Card: _____

Card Type:    

Card #: _____

Expiration Date: _____ / _____

CCV#: _____ (Last 3 digits on card back for Visa, Discover, or MC. On Amex, the 4-digit number on card front.)

Billing Address: _____
(Write "SAME" if this is the same as the company address.)

City: _____ State: _____ Zip: _____

AUTHORIZED USERS:

Print Full Name	Signature*	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* The authorized signer(s) agrees to abide by the terms of the card issuer and grants Zephyr Solutions, Inc. the authority to charge the credit card on file pursuant to the signer's verbal request. The authorized signer(s) further agrees that an electronic facsimile of the signature(s), being a duplicate copy of the original signature(s), is deemed to be the same as an original signature(s) and may be used as such for the purposes set forth above. For helium customers, in the event that rent is not paid on a monthly basis, the authorized credit card on file will be charged rent quarterly. Upon discovery of a missing helium tank, ZSI reserves the right to charge a missing tank fee to the authorized credit card on file. Zephyr Solutions will retain this form on file for reference each time a charge is requested by the authorized signer(s) unless this authorization is for a specific amount, invoice(s), or period of time as described below:

Please fax or scan & email completed form back to Zephyr Solutions.

ZEPHYR SOLUTIONS, LLC.
1050 Lear Industrial Pkwy
Unit 1
Avon, OH 44012 USA

Secure ordering any time!

Call: 1-877-275-9374
Fax: 1-440-937-4567
Email: helium@askzephyr.com