



Specializing in Access Control, Security, Surveillance & Alarm Systems

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LIMITED CREDIT CARD AUTHORIZATION

Dear Customer,

Fast Access Security, with your authorization, will charge your purchase to a Visa Card, Master Card or Discovery credit card.

If you want to process an order this way, please complete this Authorization Form and fax it to Fast Access Security Corp. @ #305-437-8247. Please contact us if you have any questions.

Thank you,
 FAS Customer Care Dept.

| |
|--------------------------------------------|
| PO or QUOTE #: <input type="text"/> |
|--------------------------------------------|

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Authorization To Charge a Purchase | |
| By Signing below, I authorize Fast Access Security Corp. to charge this purchase to my credit card. I understand this is a "custom order" and my card will be charged upon receipt of this purchase order. | |
| Company Name: | Card Type : Circle One American Express Visa MasterCard Discover |
| Signature: | Card Number: |
| Print Signed Name: | Card Expiration Date: |
| Title: | Cardholder: Full Name as appears on card |
| Verification Code: <input type="text"/> We can not process without this! | \$ Amount of Purchase: Purchase Date: |
| Phone #: () - | |
| Address <u>where credit card bill goes</u> : | |
| City: | State: Zip Code: |

IS THE ABOVE ADDRESS ALSO YOUR "SHIP TO" ADDRESS? Yes No
IF YOU CHECKED NO, PLEASE WRITE YOUR SHIP TO ADDRESS BELOW.

Street Address: _____

City, State & Zip Code: _____

Please do not write below this line

| | |
|------------------------|----------------------|
| Transaction Date: | Transaction Amount : |
| Card Authorization # : | Entered By : |