

AEROSOFT SYSTEMS, INC.
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Credit Card Authorization Form

Cardholder info: (provide the address and zip code where card statements are mailed)

Company name: _____

Cardholder name: _____

Card billing Address: _____

Card billing City: _____ State: _____ Zip: _____

Card billing Phone #: _____

Charges:

One time charge Monthly recurring charge, _____ months starting _____

Invoice # _____ Charge Amount (ea) : \$ _____

Credit Card info:

Credit card type: _____ Visa _____ MasterCard _____ Amex

Credit card number:

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Expiration date (MM/YYYY): _____ Security code or CVV: _____

As the cardholder stated above, I authorize my credit card to be charged for the amount(s) stated above and I acknowledge delivery and receipt of the membership, goods or services ordered. I approve that software or services may be delivered to me by digital transfer or download.

Signature: _____ Date: _____

E-mail address (for receipt): _____