



Empire ATM Group
1-866-88-EMPIRE
www.EmpireATMGroup.com
Fax: 732-561-9990

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Empire ATM Group to charge my credit card for the amounts invoiced.

Customer Company Name: _____

VISA / DISCOVER / MASTERCARD / AMERICAN EXPRESS (3% Service Fee Applies)

Credit Card Number: _____

Expiration Date: _____ / _____

SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____

Zip Code: _____ - _____

Telephone: () _____ - _____

Fax: () _____ - _____ **(a fax or email is required)**

Email: _____

Cardholder's Signature:

Date:

As the credit card holder, I also authorize Empire ATM Group to charge my credit card for future purchases verbally (or written) approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Empire ATM Group will keep all information entered on this form strictly confidential.