



NOTICE:
C-15 LICENSE REQUIRED BY LAW TO PERFORM THIS WORK.
USE LICENSED CONTRACTORS ONLY.
CALL THE STATE DCCA OFFICE @ (808) 586-3000 TO CONFIRM

www.accesshardware.net
dale@accesshardware.net
Cell: (808) 870-4200

Card Access Control Systems • Security Cameras • Automatic Doors • Parking Controls • ADA Operators

Access Hardware Inc. Credit Card Authorization Form

I, _____, hereby authorize ACCESS HARDWARE INC. to charge my credit card account in the amount not to exceed: \$ _____

() VISA () MasterCard () American Express

Credit Card Number: _____

Expiration Date: _____ / _____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

PRINT NAME: _____

Cardholder's Signature/ Date _____ / _____ / _____

EMAIL ADDRESS: _____

As the credit card holder, I also authorize Access Hardware Inc., to charge my credit card for this one time purchase only.

Authorization Valid Until: _____ / _____ Initials Here: _____

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

Thank You,