

Credit Card Authorization Form

To prevent unauthorized use of credit cards for the protection of Aries' customers.

Name of Company: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Card: (Circle One) American Express Master Card Visa Discover

Credit Card #: _____ Expiration Date: _____

V Code: _____ (3 or 4 digit code on back of credit card/ front of AMEX)

Cardholder Signature As It Appears On Card: **X** _____

Name/Billing Address as it Appears on the Credit Card Statement

Name of Cardholder: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Missing or incomplete information may delay processing.

Please fax this form to 847-247-2672. All forms will be kept strictly confidential. Please contact Aries credit department with any questions at 800-959-2743. The maximum credit card exposure is at the discretion of Aries Manufacturing.

(Company Name) *Accepts full financial responsibility in the event any credit card transaction is disputed after shipment of product.*

X _____
Authorized Signature - Agent/Officer of Company

Today's Date

X _____
Print Name - Agent/Officer of Company