APS CELLULAR, INC.
30 Dalton Road
Belmont, MA 02478
Tel 617-484-1051
Fax 617-249-0326

CUSTOMER AUTHORIZATION TO PURCHASE WITH CREDIT CARD

Date: ___/___/_____ Sales Order # _____ PO # _____

Credit Card: □ Visa □ MasterCard □ American Express □ Discover Card

Credit Card # _____

Exp Date ___/___/____ CVV2 _____ (Last 3 numbers on back of card above signature, AMEX last 4 numbers on Front)
Credit Card Bank Phone on back of card # _____

Credit Card Holder Name (s): _____

Credit Card Billing Address _____

City, State, Zip _____-_____-_____

Telephone Number (_____) _____-_____ Fax Number (_____) _____-_____

I AUTHORIZE APS CELLULAR, INC. TO CHARGE MY CREDIT CARD IN THE AMOUNT AS FOLLOWS FOR PURCHASING OF CELL PHONE ACCESSORIES:
The Amount Of: $_____
Signed & Accepted by: _____Company:_____
Printed Name: _____ Email: _____
I hereby authorize APS Cellular, Inc. to charge $_____ to the above referenced credit card. In choosing to use this card as a method of payment, I am authorized to charge with this credit card, guarantee and I understand and agree that the charges specified below are irrevocable and may not be charged back at any time in the future. I also personally guarantee all funds & payments. I understand this is a legal and binding sale. I will contact APS Cellular, Inc. to settle any disputes. All wholesale sales are final.

_____	_____	___/___/_____	_____
Printed Name	**Signature**	**Date**	**Title**

IMPORTANT
PLEASE ATTACH A CLEAR PHOTOCOPY OF CREDIT CARD (FRONT & BACK) & A CLEAR PHOTOCOPY OF PHOTO ID (Set Copier & Fax Machine to "Photo Mode" to achieve this.

Please Fax Completed Forms to APS Cellular, Inc. 617-249-0326

http://www.APSCELL.com – http://www.APS-MOBILE.com – http://www.THECELLPROS.com

Email: Sales@APSCellular.com

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AUTHORIZATION TO SHIP MERCHANDISE TO AN ALTERNATE ADDRESS

I AUTHORIZE APS CELLULAR, INC. TO SHIP MY MERCHANDISE PAID BY CREDIT CARD TO AN ALTERNATE SHIPPING ADDRESS. PLEASE SHIP TO THE FOLLOWING LOCATION:

Credit Card Billing Name _____
Credit Card Billing Address _____
City, State, Zip _____ _____ _____
Telephone Number (_____) _____-_____ Email: _____
FAX (_____) _____-_____

SHIP TO LOCATION: Name: _____ Receiver: _____
Address _____
City, State, Zip _____ _____ _____

Telephone Number (_____) _____-_____ Email: _____
FAX (_____) _____-_____

PO # _____ ORDER # _____

_____	_____	_____	___/___/_____
Printed Name	**Signature**	**Title**	**Date**

IMPORTANT
PLEASE ATTACH A CLEAR PHOTOCOPY OF CREDIT CARD (FRONT & BACK) & A CLEAR PHOTOCOPY OF PHOTO ID (Set Copier & Fax Machine to "Photo Mode" to achieve this.

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