

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name (Exactly as It Appears on Card)

Company Name

Credit Card Billing Address

City

State/Province

Zip/Postal Code

Country

Phone

Email for Receptiant Copies

CREDIT CARD TYPE

Visa

Master Card

American Express

Credit Card Account Number

Expiration Date

Security Code

Visa / MasterCard

(3 Digit Security Code Printed on Back of Credit Card)

American Express

(4 Digit Security Code Printed on Front of Credit Card)

By signing below I, the cardholder agrees that the billing address above is valid and that I am the authorized card holder and signer for the above credit card. I understand and agree to the terms set forth in this agreement and am specifically authorizing AXEON Water Technologies to charge my Visa, MasterCard, or American Express Card. I further agree that in the event my credit card becomes invalid, I will provide AXEON Water Technologies with new valid credit card information. I also agree not to file a hostile chargeback without notifying AXEON Water Technologies ahead of time in writing and allowing for a resolution. In the event that the credit card on file is different or changed after receiving this form, the above credit card will be charged for any disputes along with a \$25 chargeback fee.

ONE TIME USE ONLY

Charge the Amount Above

For Purchase Order #

KEEP ON FILE

As the card holder, I authorize AXEON Water Technologies to keep the credit card on file and charge for future invoices, due or past due.

PRE-AUTHORIZATION REQUIRED

Authorization Valid Until ____ / ____ Initials Here _____

Printed Name

Title

Cardholder's Signature

Date