

Credit Card Authorization Form

I, _____, authorize Asctechs to charge in the total amount of
\$ _____ to my credit card for the purchase order number _____
on the date of _____.

Card Type:



Card No: _____ Exp. Date: _____ CVS: _____

Name on the Card: _____

Name of the Credit Card Issuer: _____

Shipping Address: _____

Billing Address: _____

Privacy Policy: Asctechs.com does not rent, sell or share personal information about you with other people or nonaffiliated companies except to provide products or services you have requested except under the following circumstances:

- We respond to subpoenas, court orders, or legal process, or to establish or exercise our legal rights to defend against legal claims.
- We believe it is necessary to share information in order to investigate, prevent, or take action regarding illegal activities, suspected fraud, situations involving potential threats to the physical safety of any person, violations of Asctechs.com terms of use, or as otherwise required by law.

Customer Certification: I certify under penalty of perjury that all information provided above was complete before I sign this form and is true and correct, I executed this form in the United States after understanding and review of the terms and store policies through the website in the United States by me. I understand Asctechs.com reserves the rights to refuse this order or change with or without notice due to any misleading information provided.

Authorized Signature: _____ Date: _____