



D.B.A. ARINC

Credit Card Authorization Form

Date: _____

Company Name: _____

Name as it appears on Credit Card

Street Address

City

State/Providence

Country

Zip Code/Postal Code

Phone Number: _____ Email: _____

Credit Card Type: VISA MasterCard American Express Discover

Credit Card No.: _____

Expiration Date: _____ CVV (Security Code): _____

Invoice/ Product/ Service order number: _____

Authorized Amount: _____

Select One:

- One-time charge only
- Authorize ARINC to keep on file for future approved payments*
- Authorize ARINC to keep on file and charge all future invoices without my contact**

Signature: _____

Comment: _____

Please return the completed and signed form via fax (410) 573-3251 or e-mail AR-Remittance@arinc.com, Attn: Credit Card Administrator.

Terms and Conditions:

*By accepting these terms, BUYER authorizes SELLER to charge BUYER's credit card automatically for future orders placed by BUYER.

**By accepting these terms, BUYER authorizes SELLER to charge BUYER's credit card automatically for the current and future orders placed by BUYER.

The credit card may also be retained for ongoing recurring payments which have been previously APPROVED by the BUYER for the length of the recurring payment schedule (e.g. monthly subscription for a year).

Please note that in order to validate your credit card, we will perform an AUTHORIZATION ONLY transaction for \$1.00. You will NOT be charged this fee as it is only an AUTHORIZATION. It will NEVER show up on your monthly credit card statement.

For non-invoice payment BU must provide the following:
Project/WPN# _____ GL Account# _____ Org# _____
Customer ID: _____
Internal Accounting Process:
Approved _____ Declined _____ Emailed response _____