



Authorization to Utilize Personal Credit Card

Customer Account Name

Account Number

Individuals Approved to Place and Receive orders.

Authorized for
Personal C.C.

1 _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Individual whose approval should be removed.

1 _____
2 _____
3 _____
4 _____
5 _____

In Store Use Only

Verbal Approval Given By

Position (Owner / Officer)

AC Pro Associate Initials

Date & Time

Customer Written Approval

Approved by Name

Position (Owner / Officer)

Signature

Date

Form should be scanned and emailed to Credit Department by end of current business day
_Credit <credit@acpro.com>