



Authorization to Utilize Personal Credit Card

Customer Account Name

Account Number

Individuals Approved to Place and Receive orders.

Authorized for
Personal C.C.

Last (4)
Digits of CC

- | | | | |
|----------|------------------------------|-----------------------------|-------|
| 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