



# Credit Card Authorization

For Andrews to process payment please complete the following information and fax to 440-627-2089.

## Name & Billing Address

Name (as it appears on your credit card)	
Address Line 1:	
Address Line 2:	
City, State, Zip	
Country	

## Card Information

Card Number:	
Card Type:	Visa / Mastercard / Discover / Amex
Exp. Date: (Month/Year)	
CVV:	
Receipt Email:	
<b>I hereby authorize Andrews Software, Inc. to charge the above card on the <u>15<sup>th</sup> of each month.</u></b>	
Signature:	
Date:	
Printed Name:	
Company Name:	
If invoice amount exceeds \$ <span style="background-color: yellow;">          </span> Andrews will call for approval prior to processing payment. (If no value is entered, Andrews Software, Inc. will process the total invoice amount each month without requesting approval).	