



**Custom Home Theater,
Mobile Electronics and
Surveillance Experts**
(708)345-1300
www.amdistributors.com



Credit Card Authorization

1700 Parkes Dr, Broadview ILlinois, 60155
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Email: AR@amdistributors.com
www.AmDistributors.com

Dealer Credit Card Charge Authorization Form

Company Name: _____

Card Holder Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date: _____ CVV Number: _____ Card Type: Visa Master Card

I authorize A.M. Distributors to charge the credit card provided for goods and services that are provided by A.M. Distributors on orders placed by phone, fax, website or in person without swipe or signature. The provided signature will serve as authorization and signature on file for this card. I agree to pay for purchases according to my card-holder agreement.

Authorized Signature: _____ Date: _____

Printed Name: _____

1. Download to Desktop
2. Fill Out Form
3. Click "SEND" to Email Form

**** IMPORTANT ****

Please return completed forms to our accounts receivable department by fax at (708) 345-2870 or email the form to AR@amdistributors.com.

Depending on your internet browser restrictions, you might have to download this form first, before you can fill out and email!