



Credit Card Authorization Form

Please print and complete this authorization form and return it to us with a copy of the credit card being used

All information will remain confidential

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: (mm/yy) \_\_\_\_\_

Card Id #: (3 or 4 digit code) \_\_\_\_\_

Amount to Charge: (USD) \_\_\_\_\_

By signing below, I authorize Ample Power to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement

Cardholder – Print, Sign and Date Below:

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Return To:

Ample Power

(877) 224-9030 Tel      (818) 276-8421 Fax

amplepowergenerators@gmail.com