Alarm CCTV VISA CREDIT CARD AUTHORIZATION FORM				
Distribution				
PLEASE PRINT LEGIBLY			CUSTOMER ID:	
COMPANY NAME				
\$	SHIPPING COST	_	TOTAL \$	
<u> </u>	<u> </u>	_	Ψ	
SALES REPRESENTATIVE		PATE		
One Time Charge of the amount \$	N. las to add the	Multiple Char	ge for future orders X	2 141
I hereby authorize ALARM CCTV DISTRIBUTION shipping cost (if applicable)	N, Inc. to add the		INIT	IALS
To Whom It May Concern,				
To this may consom,				
I hereby authorize ALARM CCTV DISTRIBUTI				
future unpaid balances that correspond to a sal company, its principals, and/or its representative	-	Y ALARM CCTV DISTRIB	OTION, Inc., placed by my	yself, my
company, no principale, and or no representative	00.			
The information contained herein is true and ac	curate to the best of I	my knowledge and is cons	sidered confidential.	
I accept the terms and conditions set forth in the	e corresponding cred	it card aggreement and Al	ARM CCTV DISTRIBUT	ION Inc
sales policies. I also agree to pay the order amo				1011, IIIO.
CREDIT CARD TYPE: VISA	MASTER CARD			
ACCOUNT NUMBER				
NAME (as it appears on the credit card)	EXPIRATION DATE		CARD IDENTIFICATION NUMBER	
		MONTH YEAR	(Last 3 digit\s on back of card)	
BILLING ADDRESS (Must be same as credit card billing address)		WONTH TEAK		
DILLING ADDITION (Must be same as cledit card billing address)				
CITY / STATE / ZIP CODE				
OHT/OHNE/ZII OOBE				
				1
SHIPPING ADDRESS (If different than billing address)				
CITY / STATE / ZIP CODE				
PHONE NUMBER	F	AX NUMBER		
CARDHOLDER'S SIGNATURE		PATE		
x				
<u> </u>				

Alarm CCTV Distribution, Inc. 41101 Albrae Street Fremont, CA 94538 T: (800) 558-7888 / (510) 279-9988 *Please fax back to (510) 270-3600 or e-mail to sales@alarmcctv.com

1. Completed Form

3. Copy of Driver's License

2. Front & Back Copy of Credit Card