



Credit Card Authorization

Today's Date: _____

Invoice or Contract #: _____

I hereby authorize the use of my Credit Card in the amount of \$_____ to be charged by **FSAAP , LLC**.

Transaction Date: _____ Card #: _____

Expiration Date: _____ CVV2: _____

CARDHOLDER *Complete all fields below:*

✓ Business Name (if applicable): _____

✓ Full Name (as it appears on card): _____

✓ Billing Address (address where statement is mailed): _____

✓ City: _____ State: _____ Zip: _____

✓ Area Code/Phone: (_____) _____

I, _____, hereby confirm that this transaction is authorized in the amount of \$_____.
I have received the goods or services I have purchased.
I am satisfied with the goods or services received.
I understand this sale is non refundable.

Cardholder Signature: _____
Above must be signed by cardholder/authorized user

Return Fax To:
FSAAP, LLC
Sales Team
(914)227-9955 Fax
sales@fsaap.com