



Manufacturer and Wholesaler

Credit Card Authorization

11209 Commerce Drive North
Phone: 612-305-8021
Fax: 763-323-1027
Email: info@aimglobaltrading.com
www.aimglobaltrading.com

Customer #:
Date:

Please PRINT CLEARLY in blue or black ink.

CUSTOMER INFORMATION

Please enter company name and name of the person authorizing this payment.

COMPANY NAME: _____ PHONE NUMBER: _____
 LAST NAME: _____
 FIRST NAME: _____ MIDDLE NAME: _____

CREDIT CARD INFORMATION

Name as it appears on the Credit Card

LAST NAME: _____
 FIRST NAME: _____ MIDDLE NAME: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

Please Charge to the following credit card MasterCard Visa American Express

Total Amount Due: \$ _____

Credit Card # - - -

Expiration Date / 3 Digit CCV:
Month Year

Cardholder's Signature: _____ Date: _____

FOR OFFICE USE ONLY

POSTED BY _____	DATE POSTED _____
PURCHASE ORDER _____	INVOICE # _____
AUTH. CODE _____	BATCH # _____