



AB Technology Group / AB Thermal Tech
Credit Card Use Authorization Form

Customer Name: _____

Quote or Invoice # or Customer PO/PA if any: _____

1) Fixed amount to be charged to credit card: \$ _____

2) or to a maximum of: \$ _____ (USD)

Date: _____ Credit Card Type: ___ M/C ___ Visa ___ Amex

Credit Card Number: _____ / _____ / _____ / _____

Card Expiry Date: _____ (mm) / _____ (yy) 3 or 4 digit security code: _____

Full Name on Card: _____

Billing Address: _____

Billing City: _____ State/Province: _____ Country: _____

Zip/Postal Code: _____ Cardholder Telephone: (_____) _____

Cardholder email: _____

The signature and initials below signify that you hereby authorize AB Technology Group / AB Thermal Tech or any of its subsidiaries to charge the credit card listed above for the services indicated on the Quote/Invoice/PO/PA listed above or for the following products/services:

Please read and initial the statement below if applicable and also sign at the bottom, which indicates your authorization to charge the credit card listed having been issued to you, the cardholder. Without the form signed, we will not authorize the charge to be added to your card. Please contact us with any questions regarding this form.

In the event that a charge is subsequently rejected or returned or chargeback for any reason, the customer listed above agrees to make full and prompt payment immediately upon receipt of notice. Customer is responsible for and will reimburse any fees or charges incurred as a result of a rejected, returned or chargeback amount. Interest at the rate of 1.5% per month will be assessed on the total of any amounts not paid within 30 days of the notice date. Customer agrees to pay all costs including legal fees incurred in an attempt to collect any outstanding amount.

I authorize AB Technology Group / AB Thermal Tech or its subsidiaries to charge my credit card account listed above. I understand this will post as a charge on the credit card account listed and I authorize such charge.

Initial here: _____ I understand that for custom fabricated items the order is charged at the start of production. A refund will be processed for the difference between the initial charge amount and the value of the fabrication completed at the time of any stop work.

Cardholder Signature: _____ Date: _____

Fax this form to (610) 340-9054 or scan & email to orders@abthermal.com

AB Technology Group / AB Thermal Tech
431 State Street Box 1491, Ogdensburg, NY 13669 / 116 Albert Street Suite 300, Ottawa, ON K1P-5G3
Phone: (610) 906-3549, Fax: (610) 340-9054

Use 1) above (fixed amount) for a final invoice amount. Use 2) (to a maximum) amount in order to include any packaging charges, shipping charges, etc. that may not be known at the time of filling out this form.

Please note that there is a card fee of 2.75% for Visa/Mastercard and 3.25% for American Express.