



AB GROUP

Intuit & Retail Solution Providers, QuickBooks Advanced ProAdvisor & Peachtree Certified

CREDIT CARD AUTHORIZATION FORM

Instructions

1. Complete this form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax this form, along with the photocopy of the signed credit card, back to us toll free to our secure fax at **1-866-705-8254** to complete your order.

I, _____, hereby authorize AB GROUP, LLC to charge my credit card account in the amount of \$_____ for #___ contracts for ___QB Support ___Peachtree support

Type of Card: _____ VISA _____ MASTERCARD _____ AMEX

Credit Card Number _____

Expiration Date _____ CVC Code (last three digits on the back of the card, Amex four digits in the front of card) _____

Please check this box if you would like your CC information to be saved & used in all further transactions.

Credit Card Billing Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Cardholder's Signature _____ Date _____

As the Credit Card Holder, I further understand that all support contracts have an expiration date of 1 year from date of purchase; each support contract has a basis of 60 minutes. Support calls/consultations over the phone, email or remotely are deducted from support contracts on a per minute basis (initial consultations have a minimum fee of 15 minutes). In the case a consultation requires further services, analysis or research, support contracts will be used as payment for these services. At AB GROUP we strive to provide our clients with excellent support and service, but are limited to the capacity of the software and therefore cannot always guarantee a solution but will work diligently in attempting to find one. All Support Contracts are Non-transferable and Non-refundable. As the Credit Card Holder, by signing below agrees to the terms and use of the support contracts.

Cardholder's Signature

Date _____

Your completion of this authorization form helps us to protect you, our valued client, from credit card fraud. All information entered on this form will be kept strictly confidential by AB GROUP, LLC.

Complete and fax all documents required to: 1-866-705-8254