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### CREDIT CARD RELEASE FORM

I, \_\_\_\_\_, authorize Augusta Data Storage, Inc. to charge my (circle one) **Visa / MasterCard / American Express / Discover** Credit Card Account number, (insert card number) \_\_\_\_\_ for destroying material, storage, and / or related charges. I understand that the amount charged to my credit card account will be reflected on my credit card statement within three days of authorization. The amount charged is \$ \_\_\_\_\_, which is the amount of my (circle one) **Invoice / Proposal** and based on the services I have specified.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Cardholder Name

\_\_\_\_\_  
Card Expiration Date

\_\_\_\_\_  
Invoice Number

\_\_\_\_\_  
Authorization Number