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CREDIT CARD AUTHORIZATION FORM

The cardholder hereby authorizes Augusta Data Storage, Inc. to apply all fees for document destruction, document storage, and/or related charges to the Credit or Debit card listed below. The cardholder understands that the amount charged to the credit card account will be reflected on the credit card statement within three business days of authorization. The amount authorized is \$_____.

Invoice Proposal

Payment:

Visa MasterCard American Express Discover Debit

Cardholder Signature

Current Date

Print Cardholder Name

Credit Card Number

Card Expiration Date

CVV Security Code (*Location on back of card*)

Invoice Number (if applicable)

Authorization Number (*if applicable*)

