



advanced  
network  
systems

**Credit Card Billing Information (\* = required)**

**NOTE:**

*This information must match your credit card statement information.*

*This address will be used for shipping unless a different address is provided in the Shipping Address section.*

<b>* Name</b>	<input type="text"/>
Organization	<input type="text"/>
<b>* Street Address</b>	<input type="text"/>
Address (cont.)	<input type="text"/>
<b>* City</b>	<input type="text"/>
<b>* State</b>	<input type="text"/>
<b>* Zip Code</b>	<input type="text"/>
<b>* Telephone</b>	<input type="text"/>
FAX	<input type="text"/>
<b>* E-mail</b>	<input type="text"/>

**Cardholder Information (\* = required)**

<b>* Credit Card (MC/Visa/AmEx)</b>	<input type="text"/>
<b>* Cardholder Name</b>	<input type="text"/>
<b>* Card Number</b> (enter digits only -- no spaces or letters)	<input type="text"/>
<b>* Expiration Date</b>	<input type="text"/>
<b>Card Validation Number</b> (last 3-digit number on signature strip on back of card)	<input type="text"/>

**Shipping Address** (if different than billing address):

Street Address

Address (cont.)

City

State

Zip Code

Located in the County of: \_\_\_\_\_

Your estimated charge total. Advanced Network Systems will verify and adjust your total to reflect the final amount due to Advanced Network Systems as specified in the corresponding Sales Invoice before putting through your charge.

**Note:** Beginning on January 1, 2014, credit card payments above \$5,000 may be subject to a 2.5% handling fee.

*I hereby authorize Advanced Network Systems to charge my credit card based upon the details I have provided above:*

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT FORM AND FAX COMPLETE WITH SIGNATURE  
AUTHORIZATION TO: 434.220.8655**

**QUESTIONS? CONTACT US AT 800.639.6757 x3308**