



THE DATA VAULT

Professional Records Management

Credit Card Authorization Form



Date: ___/___/___

Account Number: _____

Customer Auth. Code: _____

Company Name: _____

Address: _____

City: _____ State: ___ Zip: _____ - _____

Phone: () _____ - _____ Ext. _____

Name of authorized Representative: _____

___ I authorize The Data Vault to charge my monthly invoice amount by the 10th day of each month to the credit card listed below.

___ I authorize The Data Vault to make a one time charge of \$ _____

Name: _____
(Your name as it appears on your credit card)

Billing Address: _____

City: _____ State: ___ Zip: _____ - _____

Phone: () _____ - _____ Ext. _____

Type of Credit Card:  ___  ___

Credit Card #: _____

Expiration Date: ___/___/___
Month/Year

CVV2/CVC2 Code: _____
(This is a 3 digit number on the back of your card in the signature area.)

Signature: _____

Date: ___/___/___

Please mail to: The Data Vault, Accounting Dept, 13201 Data Vault Drive, Louisville, KY 40223