



A & R INVESTMENTS INTERNATIONAL INC.

Credit Card Information Form

(For Client or Sales Team Use)

To: _____ Fax: _____

From: _____ Return Fax: _____

Date: _____

Company Name: _____ Web Site: _____

Dollar amount to be charged: _____

Section 1

(Please fax copies of the credit cards front & back, or fill out the information in Section 1)

Type of Card: VISA MASTER CARD DISCOVER AMERICAN EXPRESS

Name of card holder as it appears on card: _____

Company name as it appears on card: _____

Card Number: _____

Valid from Date mm/yy: _____ Expiration Date mm/yy: _____

3 Digit Card Verification Code listed on back of card: _____

Name of Issuing Bank as listed on Credit Card: _____

Issuing Banks Phone Number as Listed on Credit Card: _____

Section 2

Billing Address (as listed on monthly billing statement): _____

Billing Department Phone Number with extension: _____

Billing Department Fax Number: _____

Shipping Address for merchandise purchased, if different than the Billing Address: _____

(Print Name) _____

(Date)_____ (Signature)_____