

# Acrobat

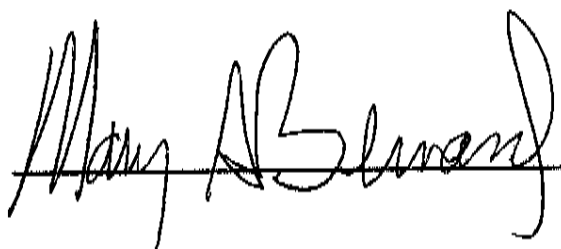
outsourcing

**CREDIT CARD BILLING AUTHORIZATION FORM**

FAXed to: 415  
437

CREDIT CARD BILLING INFORMATION:	
Company Name/DBA:	California Alpine Glob
Authorized Signer:	Mary Ann Bernard
Credit Card Type:	Visa [ ] MasterCard [X] Amex [ ] Discover / Novus [ ] Other, please specify:
Credit Card Number:	5466 1603 9788 7413
Enter CVC number:	Last 3 digits from the back of card: 149
Expiration Date:	1/31/22
Billing Address:	
City:	Mary Ann Bernard 3315 M St Sacramento, CA 95816
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	(507) 908-4858 (cell) (916) 538-6089 home
Fax Number:	N/A
PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:	
Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Acrobat Outsourcing's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to leni@acrobatoutsourcing.com.	
Changes in the status of this card can also be reported to leni@acrobatoutsourcing.com.	

Authorized Signature:



Date:

