

# Acrobat

outsourcing

## CREDIT CARD BILLING AUTHORIZATION FORM

FAXed to: 415  
437

1580

CREDIT CARD BILLING INFORMATION	
Company Name/DBA:	California Alpine Club
Authorized Signer:	Mary Ann Bernard
Credit Card Type:	<input checked="" type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover / Novus <input type="checkbox"/> 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:	Mary Ann Bernard 3315 M St Sacramento, CA 95816
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	(510) 908-4858 (all) (916) 538-6089 (home)
Fax Number:	
PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:	
<p>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 <a href="mailto:leni@acrobotoutsourcing.com">leni@acrobotoutsourcing.com</a>.</p> <p>Changes in the status of this card can also be reported to <a href="mailto:leni@acrobotoutsourcing.com">leni@acrobotoutsourcing.com</a>.</p>	

Authorized Signature:

Mary Ann Bernard

Date: 3/18/19