



For Office Use Only:

Invoice #: _____

Credit Card Authorization Form

Date: _____

I, _____, hereby authorize Applied Production Services, Inc., to make charges in the amount of \$_____ to my credit card in consideration for services or products as requested by me or authorized users of this credit card. I hereby designate, as authorized users of this card, the following persons to make charges on said card for arrangements in the event that I am unable to personally do so and please include First/Last Name (if none state "None"):

1.	2.
3.	4.

No other persons are authorized to make charges on said account without my express authorization. In the event any of the above named persons make unauthorized charges against this card, I hereby agree to indemnify and hold blameless Applied Production Services, Inc., for any and all such charges, claims, and liability related hereto. I agree to immediately notify Applied Production Services, Inc. of any changes to the identity of Authorized Users. I fully understand that the services and/or products are non-refundable and/or are subject to penalty fees in the event changes need to be made or services and/or products need to be cancelled.

Credit Card Type: Visa MasterCard AMEX

Card #: _____ **Exp. Date:** _____ **CVV:** _____

Billing Name (exactly as it appears on the credit card): _____

Billing Zip Code: _____

Phone #: _____ **Email:** _____

Signature: _____ **Printed Name:** _____

PLEASE FAX OR EMAIL COPY OF FRONT/BACK OF CREDIT CARD AND VALID DRIVERS LICENSE

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