



Autism Asperger
Syndrome Consulting
Group, LLC

CREDIT CARD AUTHORIZATION FORM

Printed Name *(on credit card)*

Billing Address

City

State

Zip Code

Daytime Phone

Cell Phone

Credit Card Number _____ / _____ Expiration Date _____ / _____

Type of Credit/Debit Card:



I, _____, hereby authorize Autism Asperger Syndrome Consulting Group, LLC, to charge my credit card in the amount of \$ _____.

Cardholder's Signature

Date

Mail or Fax to: AASC, LLC
Attention: Bookkeeping
3985 Parkwood Road, Suite 109 – 144
Bessemer, AL 35022
(866) 477 – 9816 fax
info@aascg.com

Cards may be kept on file at your request. If a card is on file, we will continue to send e-statements as usual procedure. At receipt of e-statement, please respond verifying date and amount for which you want us to run your credit card.