A.R.A. GPS Systems, Inc.
Credit Card Billing Authorization Form

If you would like the convenience of paying invoices by credit card, complete the information section below and sign where indicated. All requested information is required. We will process your credit card for the invoice amount of each purchase and your total charges will appear on your monthly credit card statement. You will receive an invoice for each purchase delivered by email or fax per your instructions.
You may cancel this credit card authorization at any time by contacting us.

Customer Information

Customer Name: _____ Business Name: _____ Phone: _____

Payment Information

I authorize A.R.A. GPS Systems, Inc. to process the card listed below as specified:

Amount: Up to $10,000 as invoiced
Note: Amount can vary depending on purchase

Frequency: ◯ Weekly ◯ Monthly ◯ Quarterly ◯ Irregular Interval ◯ Annually

Begin processing on: _____ *Ends when Customer provides written authorization cancellation*

Credit Card Information

A.R.A. GPS Systems, Inc. accepts the following credit cards:

Choose One: ◯ Visa ◯ MasterCard ◯ American Express ◯ Discover

Credit Card Number _____ Expires: _____ Card verification number _____

Cardholder's name _____
(as shown on credit card)

Cardholder's Zip Code (required) _____
(from credit card billing address)

Customer signature _____
(typed name acts as signature)

Date _____

Fax completed form to 1-866-718-9741