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Credit Card Authorization

Company Name Company address:		
Credit Card Type: (check one)	Visa [] American Express []	MasterCard [] Discover []
Issuing Bank:		
Credit Card Number:		
CVC (security code):		
Expiration Date:		
Name on Card:		
Billing Address:		
City:		
State:		
Zip Code:		
Phone Number:		
Fax Number:		

Please select following payment options

One Time:	<input type="checkbox"/> Bill my card once for the following amount:
	<input type="checkbox"/> Apply this payment for invoice number:
Monthly:	<input type="checkbox"/> Bill my credit card once per month for the amount of service provided each month for all contracts and services provided.
	<input type="checkbox"/> Bill my credit card only after each of the invoices reach 31 days due.

Applicant agrees that all information provided is accurate and complete. You and your company authorize Trade Winds Appliance Parts & Service LLC to charge your credit card as outlined above. Disputes to amounts invoiced should immediately be reported to us by phone then faxing us your dispute in writing.

The undersigned is the duly authorized card holder of _____
Your Company Name

Authorized Card holder Signature: _____ Date: _____

Print name: _____ Title: _____