



**ApolloGateMotor.com**

**Phone: 800.803.8093**

**Email: [sales@gateaccesssupplier.com](mailto:sales@gateaccesssupplier.com)**

**LIMITED CREDIT CARD AUTHORIZATION**

Dear Customer,  
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With your authorization, will charge your purchase to a Visa Card, Master Card or Discovery credit card.

If you want to process an order this way, please complete this Authorization Form and fax it to Apollo Gate Motor @ **866-586-8533**. Please contact us if you have any questions.

Thank you,  
 Customer Care Dept.

<b>PO or QUOTE #:</b> <input type="text"/>
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**Authorization To Charge a Purchase**

By Signing below, I authorize Apollo Gate Motor / GAS to charge this purchase to my credit card. I understand this is a "custom order" and my card will be charged upon receipt of this purchase order.

Company Name:	Card Type : Circle One <b>American Express</b> <b>Visa</b> <b>MasterCard</b> <b>Discover</b>	
Signature:	Card Number:	
Print Signed Name:	Card Expiration Date:	
Title:	Cardholder: Full Name as appears on card	
<b>Verification Code:</b> We can not process without this! <input type="text"/>	\$ Amount of Purchase:	Purchase Date:
Phone #: (      )      -		
Address <u>where credit card bill goes</u> :		
City:	State:	Zip Code:

**IS THE ABOVE ADDRESS ALSO YOUR "SHIP TO" ADDRESS?**  Yes  No  
**IF YOU CHECKED NO, PLEASE WRITE YOUR SHIP TO ADDRESS BELOW.**

**Street Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

*Please do not write below this line*

Transaction Date:	Transaction Amount :
Card Authorization # :	Entered By :

Form 1106FAAC

\* Note - For tracking and shipping info please contact [customercare@gateaccesssupplier.com](mailto:customercare@gateaccesssupplier.com)