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## ASC CREDIT CARD AUTHORIZATION FORM

ASC Account # \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

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

Type of Card

VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS

Account #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CV2 Code: \_\_\_\_\_ 3 digits: Visa/MC 4 digits: AMEX

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please supply a clear copy of the credit card (front and back) and license of the person listed on the credit card

Fax To:

Attn: Credit Dept

1-(866) 402-5003