



XO™ ARMOR Credit/Debit Authorization

Please Print or Type email form to ProjectAdmin@xoarmor.com or fax to 281.768.8868

Name: _____ Date: _____

Cardholder Address: _____
Street / P.O. Box City State Zip Code

Telephone Number: () _____

Select ATM/Debit (see "*" below)

Payment Type: Credit Master Card Visa American Express

Type of Credit Approval: One Time Amount: \$ _____ Keep Charge Card on File

ATM/Debit or Credit Card Number (one number per box)

				-					-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--	---	--	--	--	--

Expiration Date: Card Security Code (CSC) - see figure below for CSC location

		/						
--	--	---	--	--	--	--	--	--

Being the cardholder or Corporate Officer, by signing below I understand and agree to the XO™ ARMOR Uniform Conditions of Sale set forth in this agreement, agree to pay, and specifically authorize XO™ ARMOR, L.P. to charge my credit/debit, for the services provided. I further agree that in the event my credit card becomes invalid, I will provide XO™ ARMOR, L.P. with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to XO™ ARMOR, L.P.

*I understand and agree that by checking "ATM/Debit" or "Credit" I am authorizing the XO™ ARMOR to debit or charge my account for the amount specified above. Further, I understand and agree that if an ATM/Debit transaction fails or is declined, I am authorizing the XO™ ARMOR to complete the transaction as a credit card charge, if possible.

I acknowledge this that I have read this policy and agree to the terms



Authorized Cardholder's Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ Auth Code: _____

Notes: