



Credit Card Authorization

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND GIVE IT TO ANKENY TEMPORARY SERVICES BY FAX: 515-965-1014.

CLIENT NAME: _____

CARDHOLDER NAME _____

ADDRESS:

CREDIT CARD TYPE:

VISA MASTERCARD DISCOVER DEBIT

CARD NUMBER: _____

EXPIRATION DATE: _____

BILLING ZIP CODE: _____

CARD IDENTIFICATION NUMBER (LAST 3 DIGITS LOCATED ON THE BACK OF CREDIT CARD):

INVOICE NUMBER: _____ INVOICE DATE: _____

AMOUNT CHARGED \$ _____ (USD)

I authorize Ankeny Temporary Services to make debit withdrawals from the bank account above for any or all invoices that are overdue with a \$20.00 service charge. In the unlikely event of a debit error, I authorize Ankeny Temporary Services to make adjustments to correct the error.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify I have read, fully understand and accept all terms of these statements above.

Signature of client company: _____ Date: _____