



1224 CR 2114
Greenville, TX 75402
903-269-4440
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CREDIT CARD PAYMENT AUTHORIZATION

I _____ authorize AMCorp, LLC to charge my credit card
for Purchases made

BILLING INFORMATION

Billing Address _____
City _____ State _____ Zip _____

CARD DETAILS

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name _____
CC Number _____
Expiration Date ____ / ____ CVV ____ Zip _____

I acknowledge that the origination of Credit Card transactions to my
account must comply with the provisions of the U.S. law.

Signature _____ Date _____

WE LIVE IN A MATERIAL WORLD.

