

AIM USA CREDIT CARD FORM

MasterCard

Visa

American Express

Credit Card # ____/____/____ Exp. Date Month ____ Year ____

Total Amount of Sale \$ _____

BILLING ADDRESS

Name _____ Signature _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Student's Name & Class Location _____

Parent Helpers: Please make sure this form is filled out completely. Please verify Credit Card numbers and Expiration Date. Fill out an Equipment voucher, indicate in Method of Payment "Credit Card" and give customer the yellow Copy.
No equipment is allowed to be received at this time. Credit card must be processed through the AIM Office. The equipment will be delivered the following week. Treat this as legal tender same as cash or check but pending approval!!!

Instructor Name _____ Location _____ Class Number _____

(The above section must be filled out completely)