



## Credit Card Authorization

Customer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Master Card ( )  
American Express ( )  
Visa ( )

**ATTENTION FIRST TIME CREDIT CARD PURCHASERS**  
Please attach a copy of the cardholder's signed driver's license/identification for your protection.

Credit Card number \_\_\_\_\_

Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on the Card \_\_\_\_\_

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

I authorize Avant to charge the card specified above for purchases of products,  
that will appear on the statement as: **Avant North America**

Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**Office Use Only:**

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