

COMMERCIAL INSTRUMENTS AND ALARM SYSTEMS, INC.
2 Summit Ct - Suite 306
Fishkill, NY 12524
845-896-8887
WWW.CIASECURITY.COM

Credit Card Payment Authorization

Please fill out the information below and return via fax to (845) 896-8887 or postal mail to the above address. Please do not send via E-Mail due to security issues.

TYPE OF CREDIT CARD / CARD NUMBER / EXPIRATION DATE (MM/YY)

VISA CARD: _____ EXPIRES _____

MASTER CARD: _____ EXPIRES _____

AMERICAN EXPRESS: _____ EXPIRES _____

DISCOVER CARD: _____ EXPIRES _____

NAME AND BILLING ADDRESS OF THE CREDIT CARD ACCOUNT

NAME : _____

ADDRESS: _____

CITY: _____ STATE: ___ ZIP _____

NAME AND BILLING ADDRESS OF THE ALARM SYSTEM ACCOUNT

NAME : _____

ADDRESS: _____

CITY: _____ STATE: ___ ZIP _____

I hereby authorize Commercial Instruments & Alarm Systems, Inc. to automatically apply charges for alarm monitoring/system service agreements at their regularly scheduled billing intervals to the charge card indicated above.

Signature: _____ **Date:** _____