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| **ACB, Inc Credit card authorization FORM** | | | |
| **ACB Inc.** accepts credit card payment for payment of Certification Services.    Accepted forms of Credit Card Payment include VISA, MASTERCARD, AMERICAN EXPRESS    Please fill in the following information and upload to application. Email of secured pdfs can be sent to billing@acbcert.com.  Please call (703) 847-4700 if you have any questions.     APPLICANT INFORMATION | | | |
| NAME  ADDRESS    PHONE |  | | |
| FCC and/or IC ID or Project NUMBER: |  | | |
| DATE: |  | | |
| **SUBMITTOR OR AGENT** | | | | |
| Company Name: |  | | |
| **CREDIT CARD INFORMATION** | | | | |
| Cardholder's Name:  Cardholder’s Address: |  | | |
| Cardholders phone: |  | | |
| Cardholders email: |  | | |
| Card Type: |  | | |
| Card Number: |  | | |
| Expiration Month and Year: |  | CVS Code: |  |
| Card Billing Zip Code: |  | | |
| Total to be paid: |  | | |