

Akumen.com

Akumen Inc
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CREDIT CARD AUTHORIZATION FORM

Date: _____ Order/Invoice# _____

Thank you for your order. For the card holders and our protection this Credit Card Authorization Form (CCAATH) is required for orders that meet the followings order parameters.

1. Your card was approved but for security purposes, the billing information you provided did not match what the bank has on file.
2. Your card was approved but for security purposes, the billing address does not match the shipping address.
3. All INTERNATIONAL orders require CCA form. Anything outside USA is considered international. This applies to any shipping or billing address outside the USA.
4. Orders which utilized PayPal (paypal or AMEX) and the address and/or user was not verified by PayPal, is then required to provide a CCA form.
5. Orders which utilized PayPal or AMEX can only be shipped to confirmed addresses. This means to a address which is confirmed by PayPal or American Express as a valid "Ship-To" address. This can be updated by contacting PayPal directly or American Express customer service desk.

**PLEASE PHOTOCOPY OR SCAN THE
FRONT SIDE OF YOUR CREDIT CARD
AND ATTACH HERE OR ATTACH TO A
SEPARATE SHEET OF PAPER**

**PLEASE PHOTOCOPY OR SCAN THE
BACK SIDE OF YOUR CREDIT CARD
AND ATTACH HERE OR ATTACH TO A
SEPARATE SHEET OF PAPER**

Credit Card Number: _____ Expiration _____ CVV Code: _____

Credit Card Customer Service Phone Number: _____

Issuing Bank Name: _____

Akumen Inc must verify with the issuing bank the billing and requested shipping address, if different then on file with the bank. Once again, this is done for your protection and ours. To process this order, attach a CLEAR and LEGIBLE PHOTOCOPY of both the front and back of your credit card on this form in the designated spaces above or on separate pages and fill out this form completely.

**WE CANNOT PROCESS YOUR ORDER UNLESS THE FORM REQUIREMENTS
ARE COMPLETED AND WE ARE ABLE TO VERIFY WITH THE ISSUING BANK.**

CARD BILLING ADDRESS:

Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Daytime Phone: _____

(w/ Country and City Code for International orders)

SHIP TO ADDRESS: (if different from billing address)

Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Daytime Phone: _____

(w/ Country and City Code for International orders)

I hereby authorize Akumen Inc (akumen.com) to charge the above referenced credit card for my order and also I authorize Akumen Inc to contact my credit card bank to verify any/all information provided. Akumen is not responsible for any delays caused by verifying the CCAUTH form. Information contained is not distributed in any way and kept confidential for customers security.

***** International customer(s) agree to pay all TAXES and DUTIES associated with importing into their respective Countries.*****

**I have also read and agree with all of Akumen Inc's online Policies and Procedures,
located <http://www.akumen.com/store/help.php?section=policies>.**

Print Name

CardHolder Signature

Date