



G4S Security Systems (Guam) Inc.

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CHARGE CARD AUTHORIZATION

If you wish to make payment with your VISA or MASTERCARD, please complete this form and return via fax or mail. Or e-mail to: accounting@gu.g4s.com or susan.duenas@gu.g4s.com. All information kept on file is strictly confidential.

I, _____ hereby authorize **G4S Security Systems (Guam) Inc.**
to charge my () VISA () MASTERCARD as payment towards my G4S Account # _____
and/or Account Name _____

Charge Card#: _____ Expiration Date: _____

CVA#: _____.

Charge Card Billing Address: _____

City _____ State _____ Zip Code _____

I certify that I am the legal cardholder for this charge card and the information provided above is correct.

For business accounts:

I certify that I am also legally authorized to enter into this agreement with G4S Security Systems (GUAM) Inc.

Cardholder's Signature: _____ Date: _____

Card Holder Name: _____ Phone No.: _____

PLEASE PRINT

E-Mail Address: _____

Notes:

Accounting Use Only

Sage Updated _____ Date _____

PayPal Updated _____ Date _____