



Customer Name:

AERC USE ONLY

Primary Contact:

Customer #:

Primary Phone:

Authorization #:

Primary Fax:

Email Address:

I agree to allow AERC to keep the following credit card information listed below on file: YES

Note: If you have a per transaction limit on your credit card, your payment may be split and a receipt for each transaction will be sent. Please notify us if this not acceptable to meet your needs.

Credit Card Type: Visa MasterCard American Express

Credit Card Number:

Expiration Date: _____ :

Name (as it appears on the card):

Billing Zip Code:

Authorized Signature:

Additional Instruction or Information:

Please send this completed & signed form to AERC's Accounts Receivable department at:
AR@aerc.com or via fax to: 973-691-3233