Dallas Headquarters
17778 Preston Rd.
Dallas, TX 75252 USA
Toll free: 1-844-223-7243
Fax: (972) 528-6587

Credit Card Authorization

During the recovery process your billing information will be needed for the completion of your recovery. In many cases time is an issue during the recovery process and obtaining your billing information may prolong the recovery turnaround. We ask that you provide the credit card form immediately after your approval of the quotation. Please see our privacy policy below.

I, _____ authorize ACE RAID Recovery to charge

$ _____ to my credit card listed below.
(Dollar Amount)

I agree to pay the said amount in full, according to the terms of agreement with the card issuer.

X_____ _____
Cardholder signature Date

Card Type (Amex, MC, etc.) _____

Credit Card number _____ _____ _____ _____

Expiration Date _____/_____

Security Code (on back of card) _____(Four digits for American Express on front of card)

Full name as it appears on card _____

Company Name
(if it is a Corporate Credit Card) _____

Billing address for the card holder _____

_____

_____, _____ _____

Phone number
(_____)_____-_____

Fax number
(____)_____-_____

Job#
_____

ACE RAID Recovery is committed to maintaining the privacy of the information you share with us. We will not sell or distribute information about you and the services we provide for you at ACE RR. We will only use the information you share with us for the purposes of completing your recovery. This document will be destroyed after this recovery is completed.

The Credit Card Form must be received by 9:00am (CST) in order to make shipment that day