



# Advanced Records Management, Inc.

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## CREDIT CARD AUTHORIZATION

On this date \_\_\_\_\_ I authorize payment by:

Visa

Mastercard

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

Client Name \_\_\_\_\_

ARM Invoice # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Client Signature \_\_\_\_\_

Thank you,

Authorization # \_\_\_\_\_

Expiration Date \_\_\_\_\_

### Full-Service Information Management Solutions

- Storage & Retrieval ● Carton Sales ● Disaster-Recovery Consulting ● Computerized Tracking & Reports
- Imaging/Scanning ● Data Vault ● Certified Document and Product Destruction ● Indexing
- 3 Convenient Locations ● Service 365/24/7

OUR PROCEDURES COMPLY WITH FACTA, GRAMM-LEACH-BLILEY, HIPAA AND SARBANES-OXLEY REGULATIONS