Please use this form to pay for current invoices.



CREDIT CARD PAYMENT AUTHORIZATION

Please send an enlarged photocopy of the card with this form.

To: Accounting Department
Ace Management Group, Inc

P: (910) 485-0814

Pay4Svc@AceManagementGroup.com

F: (910) 485-1443

Contact: Ms. Thomas

From:	(Company)
PAYMENT METHOD: Protection Court mixed Court mixed	☐ M aster C ard ☐ D iscover
Permission is herewith granted to Ace Management Group, Inc to process the below card information for the purchase of services performed or products delivered by Ace Management Group, Inc. I assume personal and individual responsibility, liability and guarantee payment of all charges due and payable to Ace Management Group, Inc.	
CONTACT INFORMATION	
Date	Invoice Number
Name on card	Authorized Signature
Billing Address	Billing City, State, Zip
Amount Charged	Contact Phone Number
Email	Fax Number
CREDIT CARD INFORMATION	
Credit Card Number	
Expiration Date	V-Code American Express: The four (4) digits above the card number. Visa, MC and Discover: The last 3 digits in the signature space on the back of the card.
BANK ACCOUNT INFORMATION	
Bank Name	Routing Number
Bank Account Number Bank Contact	Bank Phone