

**CREDIT CARD AUTHORIZATION FORM**

**Fax to 909-468-0589**

COMPANY NAME \_\_\_\_\_

TEL# \_\_\_\_\_ FAX# \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SHIP-TO ADDRESS** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAIN CONTACT \_\_\_\_\_ TEL# \_\_\_\_\_

CONTACT'S EMAIL \_\_\_\_\_

ACCOUNTS PAYABLE \_\_\_\_\_ TEL# \_\_\_\_\_

CREDIT CARD TYPE     VISA             MASTERCARD             AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_

EMAIL FOR ORDER NOTIFICATION \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I agree to pay all authorized charges according to the card issuer's agreement. I understand that my signature on this contract will serve as my authorization on the credit charge slip, and as a signature on file for all authorized charges now and in the future.