

Please Complete and Fax to: 949-226-8261



Credit Card Authorization Form

In lieu of my credit card imprint, I,

_____ (Name of Cardholder exactly as Shown on Credit Card)

Hereby authorize COMPANY NAME HERE to charge my order to the following credit card.

VISA MasterCard Discover

Card number

Expiration date

CVV2 Security code

THE BILLING ADDRESS AS IT APPEARS ON MY CREDIT CARD STATEMENT

Street address

Address (cont.)

City, State, Zip Code

Country

Email Address for Receipt

Phone number

CARDHOLDER AUTHORIZED BILLING AMOUNT:

Sub-total \$

Tax

Total Billed to Card \$

By signing below and submitting for payment, I acknowledge acceptance of the Terms and Conditions. I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing along with all order documentation in accordance with standard policy of company issuing credit card.

Signature as it appears on cardholder's credit card _____

Today's date

This form must be completed in full and all information must be true and correct in order for your payment to be processed.