



Credit Card Authorization

Customer: _____

One Time Amount: _____

Or Check Here for Open Amount to Process all Future Invoices

Credit card: ____ Visa ____ Master ____ AMEX ____ Discover

Credit Card Number: _____

Expiration (mm/yy): _____

Name on the credit card: _____

Billing address of the card: _____

CVV number: _____ (Visa/Master card: found on the back of the card on signature area, last 3 digits. AMEX: above last card number, 4 igits)

* * * * *

Signature: _____

Date : _____

14271 FERN AVE, CHINO, CA 91710

TOLL FREE: 800-875-5675 - FAX: 909-614-7770

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