



CREDIT CARD AUTHORIZATION FORM

Please fill this form out and fax back to (916) 404-5258 for all credit card orders.

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____

EXP. DATE: _____ SECURITY CODE: _____

NAME ON CARD (EXACT): _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX (OPTIONAL): _____

E-MAIL (OPTIONAL): _____

AMOUNT TO BE CHARGED: _____

SIGNATURE: _____

By signing, cardholder denotes all products have been delivered and returns are accepted for defective products only.