

CREDIT CARD AUTHORIZATION FORM

I hereby authorize the use of my Credit Card in the amount of: \$ _____

Card #: _____ Mastercard ___ Visa___ Discover___ AMEX___

Security Code: _____ Card Expiration Date: month/year _____

CARDHOLDER Complete all fields below

Business Name (if applicable): _____

Full Name (as it appears on the card): _____

Billing Address (address where statement is mailed):

City: _____ State: _____ Zip Code: _____

Area Code/Phone () _____ Email: _____

I _____
(Print cardholder's name) hereby confirm the above
transaction is authorized.

Cardholder's Signature: _____

Date Signed: _____

Mailing Address: P.O. Box 1324, Torrance, California, 90505

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