

# FAX



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<b>To:</b>		<b>From:</b>	
<b>Fax:</b>		<b>Pages:</b>	
<b>Phone:</b>		<b>Date:</b>	
<b>Re:</b>	Credit Card Payment	<b>CC:</b>	

## Credit Card Payment Form

Company Name: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

Sales Orders/Invoices to pay: \_\_\_\_\_

\_\_\_\_\_

Amount Authorized to Charge: \$ \_\_\_\_\_ (must include freight, applicable sales tax and 3.5% Processing Fee)

Authorized Signature: \_\_\_\_\_