



**CREDIT CARD AUTHORIZATION FORM**

IN ORDER TO PROCESS YOUR ORDER ON A CHARGE CARD, PLEASE FILL IN THE FOLLOWING INFORMATION AND  
**FAX IT BACK TO (818) 218-0551 \* OR YOUR SALES REPRESENTATIVE**

**~ALL FIELDS ARE REQUIRED ~ PLEASE WRITE CLEARLY~**

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

DBA / (if any): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**Resale #:** \_\_\_\_\_

**Please check one of the following:**

\_\_\_\_\_ I authorize you to use this card and keep it on file for any further orders.

\_\_\_\_\_ I authorize you to use this card one time only, please do not keep on file and dispose of this information properly.

Credit card type: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3 digit Vin# (on back of card) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

(Must have a Cardholder Signature to process all orders)