

# PRIMO MACHINE INC.

## CREDIT CARD AUTHORIZATION FORM

**PLEASE READ THIS BEFORE YOU CONTINUE:** FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE CREDIT CARD, ALONG WITH A **CLEAR COPY OF AUTHORIZED USER DRIVER'S LICENSE OR PASSPORT PAGE SHOWING SIGNATURE AND PICTURE.** ALL DOCUMENTS MUST BE FAXED, EMAILED, OR MAILED TO PRIMO MACHINE PRIOR TO ORDER SHIPMENT. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WILL NOT SHIP YOUR ORDER.

\_\_\_\_\_ **BY EXECUTING THIS AGGREMENT**

(NAME AS IT APPEARS ON CARD)

**UNCONDITIONALLY AUTHORIZES PRIMO MACHINE INC. TO CHARGE THE FOLLOWING CREDIT CARD:**

CREDIT CARD TYPE: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV 2 CODE: \_\_\_\_\_ (3- DIGITS ON BACK OF CARD)

**CARDHOLDER'S BILLING ADDRESS ( REQUIRED ) :**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

AREA CODE AND TELEPHONE NUMBER: \_\_\_\_\_

**DELIVERY ADDRESS ( IF DEIFFERENT ):** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

AREA CODE AND TELEPHONE NUMBER: \_\_\_\_\_

PRIMO ORDER # : \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THIS AGGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY PRIMO MACHINE PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.

FAX: 562) 803-5282

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