

Credit Card Authorization Form

(Please fill in information as it appears on the credit card)

Date:	
Company Name:	
Cardholder name:	Phone:
Address (as it appears on credit card statement):	
City, State, Zip:	
Cradit Card MASTERCARD/VISA / DISCOVER/AMEY	
Credit Card MASTERCARD/ VISA / DISCOVER/AMEX Credit Card Number:	
Expiration Date:	_
CVV2/CVC2/CID # (security code)	
(3 digit code located on the back of the Card in the signature panel after the last 4-digits of the card number.	
to digit code located on the back of the card in the signature parter after the last 4 digits of the card	Titaliset.
I,, authorize E&E Co., Ltd to charge	e my credit card for the order
amount.	
	Use one time only
Authorized Signature	
	Keep card on file for future charges
PLEASE LIST INVOICE(S)/ORDER(S) YOU WOULD LIKE TO PAY:	
Please complete and email to olliix.ar@jlahome.com or fax to 888-569-5508	
Important Note:	
Your Credit Card will be Preauthorized PRIOR to shipping, plus 30% Estimated Shipping cost will be added during	
the preauthorization process.	
Thank You	
Thank You,	
Kathy Nguyen	
Accounts Receivable Manager	