

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX: 818-365-3399 OR BY E-MAIL

Company Name : _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type:
_____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

FAX or send the authorization to:

PORTABLE POWER , INC

628 CELIS STREET

SAN FERNANDO, CA. 91340