



**CREDIT CARD AUTHORIZATION FORM**  
**VISA, MASTER CARD AND AMERICAN EXPRESS ACCEPTED**

*Please provide the following information and fax completed form to (310) 324-3030.*

Cardholder Name: \_\_\_\_\_

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

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

Card Security Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cardholder Telephone No.: \_\_\_\_\_

Credit Card Issuing Bank: \_\_\_\_\_

Amount Payable: \_\_\_\_\_

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

PO or Invoice No. \_\_\_\_\_

Customer Name: \_\_\_\_\_