

### Credit Card Authorization

Date: _____	
Charge is for Invoice or Auction #: _____	
Description: _____	
Amount: \$ _____	
<b>Credit Card Information</b>	
Circle One:	<input type="checkbox"/> Visa <input type="checkbox"/> MC
Card Number: _____	Expiration Date: _____
<b>Customer Information:</b>	
Cardholder Name: _____	
Company: _____	
Billing Address: _____ _____	
City: _____, State: _____	Zip: _____
Billing Phone: _____	Fax: _____
Email Address: _____	
<b>Shipping Information (if different):</b>	
Name: _____	
Company: _____	
Address: _____ _____	
City: _____, State: _____	Zip: _____

I agree to pay above total amount according to Card Issuer Agreement:

Sign X \_\_\_\_\_

**Fax Completed Form to: 916-928-5788**



Your Satisfaction is always  
Guaranteed