

17223 Jersey Ave. Artesia 90701 T: 562-924-0444 F: 562-924-0442

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN. All information will remain confidential

Name on Card:				
Billing Address:				-
		S		
	Zip Code:			
Credit Card Type:	Visa	Mastercard	Discove	r AmEx
Credit Card Number:				-
Expiration Date:				-
Card Identification Num	ber:	(last 3 digits located on t	he back of the cre	edit card, 4 digits on front for Amex;
Amount to Charge: \$_		(USD)		
I authorize Elite Equipment & agree to pay for this purchas There will be a 3% service fee	e in accordan	ce with the issuing bank	cardholder agre	e credit card provided herein. I eement.
Cardholder – Please Sigi	n and Date			
Signature:				-
Date:				-
Print Name:				-
Notes:				
Invoice #s				