



Credit Card Form

Please fill out as complete as possible then sign, date, and fax it to us at 949-240-8503.

All credit card orders over \$1,000 will be charged a 3% credit card convenience fee.

(This information is for internal use only and will not be disclosed to anyone for any other purposes than billing.)

PO# _____ (If you don't have a PO# just use your name)

Quote# _____ SalesRep: _____ Date: _____

QTY	PART#	MFG	D/C	N/R/P	Price(each)

Credit Card Information: Card Type: (Circle one) VISA MASTERCARD AMEX DISCOVER

Credit Card# _____

Expiration Date: _____ CVV Code: _____

**** CVV Code is the 3 digit code on the back of your card. American Express is the 4 digit code on the front of your card.*

Signature: _____ Date: _____

**** Must be signed by card holder or authorized agent to process order.*

Card Holder Billing Information:

Card Holders Name: _____

Card Holders Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Shipping To Information:

Company Name: _____

Ship To Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Shipping Account# _____ FedEx UPS DHL Other

Shipping Method: (Please circle one) NextDay AM NextDay PM 2Day 3Day Ground