



Complete this form and fax it to 909.593.0509

CREDIT CARD AUTHORIZATION FORM

CARD HOLDERS NAME: _____

BUSINESS NAME (IF APPLICABLE): _____

BILLING ADDRESS: _____

PHONE #: _____

EMAIL ADDRESS: _____

PAYMENT METHOD: VISA MC AMX DISCOVER

CARD NO: _____

EXP. DATE: _____ SECURITY CODE: _____

SIGNATURE _____

AMOUNT AUTHORIZING: _____

REFERENCE NUMBER: _____

PLEASE INDICATE THE SUNGLASS/GOGGLE STYLE AND COLOR FOR YOUR ORDER: