

CREDIT CARD AUTHORIZATION FORM

Instructions

1. Complete the form by printing legibly with a dark pen in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form back to us at **1-510-483-8042** to complete your order.

I, _____, hereby authorize

CALIFORNIA REFRIGERATION SUPPLY to charge my credit card account

in the amount of \$ _____.

Type of Card (circle one): VISA MASTERCARD AMEX DISCOVER

Credit Card Number: _____

Expiration Date: _____ CVC Code: _____

CREDIT CARD BILLING ADDRESS

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

CARDHOLDER'S SIGNATURE: _____

DATE: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by C.R.S.

COMPLETE AND FAX THIS DOCUMENT TO : 1-510-483-8042



1718 FAIRWAY DRIVE * SAN LEANDRO, CA 94577