



Credit Card Charge Authorization

Company Name: _____

Cardholder's Name: _____

Credit Card Account Number: _____ Exp: /

Credit Card's Billing Address: _____

Business Phone Number: _____ Fax Number: _____

Type of Credit Card (Please check one): VISA _____ MASTERCARD _____

AMEX _____ DISCOVER _____

CALCULATION OF AMOUNT TO BE CHARGED:

Invoice Amount: US\$ _____

Freight Charges: _____

Others: _____

TOTAL AMOUNT: _____

Cardholder's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Transaction Date: _____ Authorization No: _____

Handled By: _____