

Credit Card Authorization

Instructions

1. Fill in the requested information below.
2. Fax completed form to 1-559-692-2214 or email it to lois@acoustica.com.
3. Your credit card will be charged for total amount, tax and freight.

Company or Personal Information

Name: _____
Contact: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
e-mail: _____

Credit Card Information

Card Type; Visa
 MasterCard
 American Express

Number: _____ CSC: _____
Exp: _____
Name: _____
Billing: _____
City/State/Zip: _____
Signature: _____
Title: _____
Date: _____

I authorize Acoustica, Inc. to charge my credit card for future purchases made by me either verbally or on-line. Authorization valid until: _____ Initial here: _____