

# 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: \_\_\_\_\_