

FILER, INC. 429 E. Huntington Dr., Monrovia, CA 91016

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(800)524-4806

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CREDIT CARD AUTHORIZATION FORM

- VISA or MASTERCARD ONLY -

Customer Account Number : _____

Company Information

Legal Name of Business or Individual Authorizing Charge (list full corporation name) :

Business Street Address (not P.O. Box):

City _____ State _____ Zip _____

Business Phone : () _____ - _____ Fax : () _____ - _____

Credit Card Information

VISA MasterCard

Credit Card Number : _____

Exp. Date : _____ Code : _____

Name exactly as it appears on the card : _____

Mailing address on file with credit card company (if you are unsure, please call your credit card company)

If this address is not correct, it will delay the shipping of your merchandise.

Street

City/State

Zip

IMPORTANT

If you intend for another individual to place orders and pay for merchandise using your credit card, you must give them authorization on this form. Please list the names of those individuals that are authorized to use your credit card as payment for merchandise. No other individuals will be allowed to request that these credit cards be used for payment.

Authorized User : _____

Authorized User : _____

Authorized User : _____

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individuals to use these cards for purchases from Filer, Inc. Furthermore, that Filer, Inc. is allowed to continue using this information and that the authorization shall remain in full force and affect unless it is revoked by the undersigned in writing.

Signature of Card Holder : _____

Please fax back to Filer, Inc. @ (626)932-1308