



PO Number:	
Company :	
Date:	
Process owner:	Finance Department
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CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX OR EMAIL.

Cardholder Name: _____ **Signature:** _____

Billing Address: _____

Phone #: _____

Fax #: _____

Email Address (for Receipts): _____

Card Type: VISA MASTERCARD
 DISCOVER AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____

Billing Zip Code: _____

Card Identification Number*

*Last 3 digits located on the back of the credit card, American Express is 4 digits located on the front of the card.

Amount Charged: \$ _____ (USD)

Invoice Number(s): _____

EMAIL the authorization to:

Call in number: 805-579-0110 x1, Payment processing

Email: acc@calasers.com

Email: or reply to original sender

Mail Payment to:

California Lasers, Inc, 2255 Agate Ct, Simi Valley, CA 93065