

**AZ BLOCK 2000 LLC.
TUCSON PHOENIX COOLIDGE**

TEL # 520-744-3890 FAX # 520-744-2577

CREDIT CARD SALES AUTHORIZATION FORM

	PERSONAL	BUSINESS	DEBIT	CREDIT
MASTER CARD	[]	[]	[]	[]
VISA	[]	[]	[]	[]
AMERICAN EXPRESS	[]	[]	[]	[]
DISCOVER CARD	[]	[]	[]	[]

CUSTOMER NAME _____

NAME ON CREDIT CARD _____

BILLING ADDRESS OF CREDIT CARD _____
(STREET ADDRESS OR P.O. BOX)

CITY

STATE

ZIP CODE

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

SECURITY CODE _____
(LAST 3 DIGITS ON THE BACK OF VISA/MASTERCARD, 4 DIGITS ON FRONT OF AMERICAN EXPRESS)

CARD HOLDER'S SIGNATURE _____

DATE _____

*****PLEASE FAX COPY OF DRIVER'S LICENSE & CREDIT CARD*****

**CARD HOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HERE
WITH THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE ISSUE AGREEMENT
WITH THE CARDHOLDER.**

*****NO PRODUCT RETURNS, INVOICE MUST ACCOMPANY PALLET RETURNS*****