## **EMAX** Wireless, Inc.

19973 Harrison Ave City of industry, CA 91789 Tel: 909-895-8068 Fax: 909-598-8781

## **Credit Card Authorization Form**

| Company Name:  | Cardholder's Name (appears on the Card):   |
|--|--|
| Credit Card Number:  | <u> </u>   |
|  | Code: (Last 3 digits on the back of the credit card)   |
| Card Type: VISA   MASTER   | □ AMEX □   |
| Payment Options: Recurring Charge  | ☐ One-Time Charge ☐  |
| Amount Charged (One-Time):   | Date:  |
| Credit Card Billing Address:   |  |
| Street Address:  |  |
| Shipping Address:  |  |
| Street Address:  |  |
| Terms and Conditions:  |  |
| card authorization form, the cardholder's authorize Emadue as payments of goods ordered or received. Emax W Inc. to charge their credit card when any payment/s is/or of Emax Wireless until payments are made in full. Any nunderstood that any disputes, issues, and/or charge-bac | Is and/or the amount due with or without the shipping charges. By signing this credit x wireless, Inc. to debit their credit card for the amount of each sales order or invoice ireless (Net term and COD customers) by signing this form authorizes Emax Wireless past due or when stop payment occurred. All products and goods remains property on-payment, charge backs, and amount disputes occurred. The cardholder further cks must be made with Emax wireless. Emax Wireless Inc. reserves all rights to and/or all legal fees which incurred in/or during the collection process. |
| Card holder's Signature:   | Date:  |
| *Please include copy of the cred   | lit card (front & back) and cardholder's Driver's  |

license.