



American Sunrex Corp. 671 Brea Canyon Rd, #1 Walnut, CA 91789
Telephone: (909) 839-1985 Fax: (909) 839-0254

Credit Card Purchase-Authorization Form

(Also for Alt Shipping Address – if different from the Billing Address)

Cardholder Name: _____

Credit Card Account#: _____ Exp Date _____ CVVC _____

Cardholder Billing Address (billing address shown on credit card statement)

Address: _____ Apt/Suite/PO Box#: _____

City: _____ State: _____ Zip Code: _____

Day Time Telephone#: (shown on CCard account): _____

Evening Time Telephone#: _____

Order Information

TYPE: _____ Part Number: _____

Description: _____

Ship To Address (if different from billing address shown on credit card. Above)

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Location Telephone#: _____

Order & Shipping Information

Order Date: _____ Reference: _____ Item Description _____

Shipping Method: _____ Total Amount (with shipping) _____

The above-mentioned Cardholder Authorizes American Sunrex Corp. to ship the purchase merchandise to a different shipping address, and to write "Care of Person Name" or "Care of Business Name" on the shipment. The cardholder releases the "Signed Proof of Delivery to the Card Member Billing Address", and the "Card Member Proof of Signature to the different address" set forth by American Express, Discover, Visa and Mastercard Card Companies. The Cardholder Releases American Sunrex Corp. from Legal and Financial Responsibility for lost, stolen, and damaged merchandise due to shipping the merchandise to a different shipping address as instructed by the Cardholder. The Cardholder will not dispute the charge with the issuing bank for those mentioned reasons.

My signature below certifies " My Authorization" to have the merchandise I purchases from A merican Sunrex Corp. to be shipped as instructed above and "Release of Signature" on the shipment. I also agree to the above stated conditions.

Cardholder

Signature _____ Date: _____

Print Name _____