

420 Apollo Road, Suite D
Brea, CA 92821
Phone (800) 550-0366
Fax (714) 441-7080



CREDIT CARD AUTHORIZATION FORM

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Customer Phone #: ____ - ____ - ____

Customer Fax #: ____ - ____ - ____

Visa/ MC/ Amex #: _____

Expiration Date: __/__/__ CVV Code _____

Name on Card: _____

Billing Address _____

Products:

I certify that the above information is correct and hereby authorize TonerFarm to charge the above credit card account for all purchases until otherwise advised.

Customer Signature: _____

Customer Name: _____