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CREDIT CARD FORM & AGREEMENT

Credit Card Billing Information (same as on your Credit Card statement):

First Name: _____ Last Name: _____

Company: _____
(if available)

Street Address: _____

City: _____ State: _____ Zip Code _____

Country: _____

Phone Number: _____ Fax Number: _____

Card Type: _____ Visa _____ Master Card _____ Amex _____ Discover

(Please check one)

Credit Card Number: _____

CVV Number: 3 digit card verification value code on back of card. (4 digit code for Amex on front) _____

Expiration Date (mm/yy): _____ / _____

Cardholder's Signature: _____

Agreement :

(Please initial)

initial After credit card order has been processed, the transaction can be voided only within the same day before the daily batch is closed.

initial 50% down payment will be billed when the order is placed. The remaining balance will be billed when the order ships out.

initial For refund the credit card payment, for example, to cancel the order or to change the payment method after daily batch is closed, I agree to pay a US\$25.00 refund processing fee plus 3% of the purchasing amount charged by the card center.