

# CALPI.US

Phone: 877 202 9064 Fax: 877 202 9065

## CREDIT CARD AUTHORIZATION

DATE: \_\_\_\_\_

\_\_\_\_\_  
SUBJECT OF REQUEST

TO: calpi.us

OFFICE: 13861 Beach Blvd. Suite 5  
Westminster, Ca

FAX: 877 202 9065

EMAIL: info@calpi.us

PROCESSED: \_\_\_\_\_

INVOICE NO.: \_\_\_\_\_

APPROVAL No.: \_\_\_\_\_

FROM: \_\_\_\_\_

YOUR NAME

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
CREDIT CARD BILLING ADDRESS

\_\_\_\_\_  
CITY

STATE

ZIP

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK PHONE

I AUTHORIZE calpi.us, TO BE PAID FOR THE TRANSACTION OF THE ABOVE-REFERENCED COMPANY IN THE AMOUNT OF \_\_\_\_\_ BY USING THE CREDIT CARD LISTED BELOW.

MASTERCARD

VISA

AMERICAN EXPRESS

DISCOVER

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXACT NAME AS IT APPEARS ON THE CARD

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
3 OR 4 DIGIT CARD CODE

I UNDERSTAND THE CHARGE FOR THE ABOVE SERVICE IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE.

I WAIVE MY RIGHT OF RE FUND AND /OR TO DISPUTE THE CHARGE.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF CREDIT CARD HOLDER

\_\_\_\_\_  
DATE

By signing or submitting this form, you agree to the terms and conditions and privacy policy of this website.

[www.calpi.us](http://www.calpi.us)