

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