



WORLDWIDE SUPPLIER OF SPARE PARTS

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CREDIT CARD AUTHORIZATION

Thank you for your Order.

This questionnaire required for order processing for payment with credit card.

CARD TYPE: VISA OR MASTERCARD

CARD NUMBER: _____

EXPIRATION DATE: _____ 3 DIGIT CODE _____

INDIVIDUAL'S NAME ON CARD: _____

STREET, CITY, ZIP AND COUNTRY ADDRESS FOR CREDIT CARD BILLS:

NAME OF COMPANY: _____

PURCHASE ORDER NUMBER: _____ AMOUNT: _____

I am authorized to sign on behalf of the card holder and certify that the above is accurate and complete. I agree that a fee for using the credit card will be added to Invoice.

Print your full name: _____ Your title: _____

Signature: _____ Date: _____