



SANTECH

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Los Angeles, CA 90025
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Credit Card Authorization Release Form

COMPANY NAME: _____ DBA _____
BILLING ADDRESS: _____ City _____ State ___ Zip ____
BUSINESS ADDRESS: _____ City _____ State ___ Zip ____
(No PO BOXES are acceptable for business address)

Phone Number _____ Fax Number _____

I, _____ (name of owner or officer), authorize SANTECH to charge the following credit card(s) for the above company's current and future purchases and, I absolutely & unconditionally guarantee payment for any purchases made with the credit card account number identified below, including renewed cards.

Signature of the Owner/Officer _____ Title _____ Date _____

Print Name _____ Title _____

Credit Card Information

CARDHOLDER'S FULL NAME _____
CORPORATE NAME: _____

CARDHOLDER'S BILLING ADDRESS: _____
City _____ State ___ Zip ____

CARDHOLDER'S TELEPHONE NUMBER _____ Exp Date: _____

CREDIT CARD ACCOUNT NUMBER _____

CARD TYPE (circle one): VISA MASTER AMEX

CARDHOLDER'S SIGNATURE _____ DATE _____

Shipping Addresses

(Please insert all shipping addresses which you intend to use if they are different than the cardholder's billing address. Insert shipping addresses below and on attached sheet)

RECIPIENT'S NAME _____

RECIPIENT'S ADDRESS _____

City _____ State ___ Zip ____ Telephone Number _____

I authorize SANTECH to ship the merchandise purchased with the above credit card account number to the above Credit Card Billing Address and Company Billing Address as well as any and all addresses insert in this form under the heading "Shipping Address". And I am fully aware that my credit card is being charge for any such purchases. I will not hold SANTECH responsible in any way for shipping the merchandise to such addresses.

CARDHOLDER SIGNATURE _____ DATE _____