

CREDIT CARD USE AUTHORIZATION

*I am authorizing Mag-Trol Distributors, Inc. to charge the following purchase to my credit card.
The following information is being furnished to Mag-Trol Distributors, Inc.*

TYPE OF CREDIT CARD: _____ Customer Name: _____
() VISA/MASTERCARD _____ Contact Phone # _____
() AMERICAN EXPRESS/DISCOVER _____ Contact Fax # _____



COMPANY NAME: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

CREDIT CARD BILLING STREET OR PO BOX # AND ZIP CODE: _____

CVC CODE: (3 digit code on back of Visa/MC/Discover or 4 digit code on front of American Express)

AUTHORIZED SIGNATURE: _____

AMOUNT OF PURCHASE: _____

REFERENCE P.O. # _____

REMARKS / SHIP TO ADDRESS: _____

PLEASE COMPLETE, SIGN, AND FAX TO:

Mag-Trol Distributors Inc.

10306 Norwalk Blvd, Santa Fe Springs CA 90670

Phone: (323) 685-9310 Fax: (323) 722-5875