

CREDIT CARD USE AUTHORIZATION

I am authorizing MAG-TROL DISTRIBUTORS, INC to charge the following purchase/invoice payment to my credit card. The following information is being furnished to MAG-TROL DISTRIBUTORS, INC.

TYPE OF CREDIT CARD:

- () VISA/MASTERCARD
() AMERICAN EXPRESS/DISCOVER

CONTACT NAME: _____

CONTACT PHONE: _____

FAX OR EMAIL: _____

Please fill in required info below and sign:

COMPANY NAME: _____

CREDIT CARD NUMBER

CV2 CODE:

EXP. DATE

PRINTED NAME ON CARD

CREDIT CARD BILLING ADDRESS or P.O. BOX # and ZIP CODE

AUTHORIZED SIGNATURE



TOTAL AMOUNT OF CHARGE

\$

REFERENCE P.O or INVOICE #

REMARKS:

PLEASE COMPLETE, SIGN and FAX TO:



Mag-Trol Distributors, Inc.

MOTOR CONTROLS - CONTROL PARTS

10306 Norwalk Blvd. Santa Fe Springs, CA 90670

(323) 685-9310 Fax (323) 722-5875 Out of State (800) 462-4875