



985 North Todd Avenue  
Azusa, CA 91702-2226 USA  
Telephone: (626)812-7220  
(800)678-2886  
Fax: (626)812-0278  
Email: orders@optionsauto.com

### RE : Options Auto Salon Credit Card Authorization

Company Name : \_\_\_\_\_ Customer # : \_\_\_\_\_

**This is to authorize Options Auto Salon to charge our company credit card for purchases from Options Auto Salon. All orders will be placed online in Options Auto Salon wholesale website, or by phone, email or fax.**

**We have enclosed copies of credit card (front & back) for proper verification of all these transactions.**

Card Type : Visa / Master Card  
: Credit Card / Debit Card  
: Personal / Company

Account Number : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date : \_\_\_\_\_ Security Code # : \_\_\_\_\_  
(Visa, MC: 3 digit)

Card Holder Name : \_\_\_\_\_

Credit Card Billing Address : \_\_\_\_\_  
**(Billing Address has to be the same as the store address. No alternate shipping address is allowed.)**  
\_\_\_\_\_  
\_\_\_\_\_

Billing Telephone Number : \_\_\_\_\_

Issuing Bank : \_\_\_\_\_ Bank Tel. # : \_\_\_\_\_

By signing this document, we are accepting responsibility for all our purchases to ensure full and proper payment to Options Auto Salon.

Name (print) : \_\_\_\_\_ Date : \_\_\_\_\_

Authorized Signature Of Cardholder : \_\_\_\_\_

<b>To Be Completed By Options Auto Salon Personnel Only</b>	
<b>Bank Tel. No.:</b> _____	<b>Bank Representative:</b> _____
<b>Time</b> : _____	
<b>Verified By:</b> _____	<b>Date:</b> _____