



4111 Buchanan Ave Riverside, CA. 92503  
Tel (951) 549-0590 Fax (951) 549-0792

## CREDIT CARD INFORMATION SHEET

Company Name: \_\_\_\_\_

Type of Credit Card:      AMEX                      Master Card                      Visa

Credit Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_      Card Code: \_\_\_\_\_  
(last 3-4 numbers  
located in back of card)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      ZIP Code: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_

Description:                      Deposit                      Balance

Purchase Order Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you for your business!**