

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (626) 689 – 4370 OR BY REGULAR MAIL.

NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____
Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



I hereby authorize Smart And Eazy Corp. or any of its subsidiaries to charge my purchases and any related charges for freight and or insurance to the credit card listed above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form:

Authorized Signature: _____

FAX or send the authorization to:

Smart And Eazy Corp.
3551 Philadelphia St.
Chino, CA 91710

Phone: 626-618-7899 Fax: 626-689-4370 E-mail: ann@smartandeazy.com