



14815 Radburn Ave
Santa Fe Springs, CA 90670
P: 562 802 0464

CREDIT CARD AUTHORIZATION

Attn: Accounts Receivable Dept. **Date:** _____

.....
I/we certify all information provided to OCI Seating is true and correct to the best of my/our knowledge and hereby authorize OCI Seating to charge the credit card specified above for purchases made by me/us from OCI Seating [as itemized below].

Sales Order Date	Sales Order #	Sales Order Amt	Payment Amt

TOTAL SALES AMOUNT	\$
3% CONVENIENCE CHARGE	\$

TOTAL CREDIT CARD PAYMENT \$ _____

.....
Credit Card Information

Cardholder Name: _____

CC Billing Address: _____

City, State, Zip: _____

Card Type: **Visa** _____ **MasterCard** _____ **American Express** _____

Expiration Date: _____ **Security Code** _____

Account Number: _____

Card Holder's Signature: **X** _____

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