



Decore-active Specialties Credit Card Agreement

Credit card will be charged within 24 hours when order is placed.

Automatic Payment Option (Fax Form to **626-254-6799**)

Company Information

Company Name: _____

Customer Code: _____ Contact Name: _____

Phone Number: _____

Credit Card Information

Credit Card Type: Visa _____ Mastercard _____ Discover _____ Amex _____

Card Number: _____ Expiration Date: _____

Card Holders Name: _____ Security Code: _____

i The security code is a 3-digit code printed on the back of your card in the signature box, usually following your complete card number or portion thereof. It is used as an additional security precaution.

Credit Card Billing Address (where you receive your credit card statements):

Street: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Automatic Payment

I authorize Decore-active Specialties to automatically charge my credit card listed above for all future purchases, until I notify them otherwise in writing.

Cardholder Signature: _____ Date: _____

Print Name: _____

i **PLEASE CONTACT YOUR CREDIT CARD COMPANY AND DISCUSS RAISING YOUR DAILY CHARGE AMOUNT TO AVOID DELAYS IN YOUR ORDER.**