



Electronics
International Inc.

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT BY FAX TO: (541) 318-7575

Cardholder Name: _____

Company Name (if applicable): _____

Billing Address: _____

Billing City, State, Zip: _____

Phone: _____

Email: _____

Signature: _____

Hand signature or Encrypted Digital signature required.

Credit Card Type: VISA MASTERCARD DISCOVER

Credit Card Number: _____ - _____ - _____

Expiration Date (mm/yy): _____



Card Verification Value (CVV): _____

(Last **3 digits** located on the back of the credit card)

Billing ZIP Code: _____

Invoice/RMA Number: _____

Amount Authorized: \$ _____ (USD)
(If you are unsure of the price type "list price + shipping")