



EVER-LEADING INT'L

419 S PINE ST. SAN GABRIEL, CA 91776

T: 626-656-8228 F: 626-656-8229

RE: CREDIT CARD AUTHORIZATION FORM

Company Name or Name: _____ (required)

My signature below serves to authorize Ever-Leading Int'l Inc. to charge my credit card for:

___ A non-cancelable deposit towards our purchase, in the amount of \$ _____ as noted on Invoice# _____, dated _____

___ The remaining balance, in the amount of \$ _____, as noted on Invoice# _____, dated _____

___ The full amount of \$ _____ as noted on Invoice# _____, dated _____.

CARD TYPE: ___ VISA & MASTERCARD *(2.08%) ___ VISA & MASTERCARD –Business card *(2.85%)
___ AMERICAN EXPRESS *(3.50%) ___ INTERNATIONAL CARD *(3.28%)

CREDIT CARD# _____ EXPIRATION _____
CODE _____ (3 DIGIT # ON THE BACK OF VISA/MASTERCARD OR 4 DIGIT # ON THE FRONT OF AE)

Signed: _____ Print Name: _____ Dated: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION IN ORDER FOR US TO PROCESS YOUR CREDIT CARD.

*BILLING ADDRESS AND ZIP CODE: WHERE STATEMENTS ARE MAILED

NAME ON CARD _____
BILLING ADDRESS _____
BILLING ZIP CODE _____

Please attach invoice/quote and fax or email back to your account manager. All orders are not processed until a deposit is received unless separate arrangement has been agreed upon.
