

2082 Business Center Drive, Suite 200
Irvine, CA 92612
949.474.6085 / 949.474.7529 Fax

CREDIT CARD AUTHORIZATION FORM

I hereby authorize VE Associates, Inc. to charge my credit card for services provided to:

Company Name: _____

Type of Card (Visa or MasterCard only): _____

Name on Card: _____
(please print)

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Billing City, State & Zip Code: _____

Signature of Cardholder: _____

Date: _____

It is office procedure to charge the card 50% prior to project start & balance prior to shipment. We will send you a copy of the paid invoice along with a credit card receipt. Please send this completed form to our secure fax number 949.474.7529.

Sincerely,
VE Associates, Inc.