



CREDIT CARD CHARGE AUTHORIZATION FORM

COMPANY NAME: _____

PURCHASE ORDER NUMBER: _____

VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER _____

CARD NUMBER: _____ EXP: _____

CSC (CARD SECURITY CODE – 3 OR 4 DIGITS): _____

NAME(S) ON CARD: _____

CREDIT CARD'S BILLING ADDRESS: _____

TRANSACTION TOTAL: \$ _____ USD

_____ PLUS QTY. _____ CORE CHARGE(S) OF \$ _____/ea.

_____ PLUS FREIGHT AND/OR _____ CUSTOMS DUTIES CHARGES (CHECK IF APPLICABLE)

“I AUTHORIZE POWER PACKS PLUS, LLC TO CHARGE THE ABOVE CREDIT CARD PROVIDED HEREIN.”

Authorized Cardholder Signature

Date

Cardholder's Name (Please type or print clearly)

**PLEASE FAX COMPLETED FORM TO:
775-322-8562**

**Power Packs Plus, LLC
1380 Greg Street, Suite 203 - Sparks, NV 89431 – U.S.A.
Tel. 1.775.322.8555 - Fax 1.775.322.8562
www.powerpacksplus.com**