



CREDIT CARD AUTHORIZATION FORM

Return by Mail, Email or Fax To:

PACIFIC RADIO ELECTRONICS
3031 THORNTON AVENUE, BURBANK, CA 91504
EMAIL: ACCOUNTING@PACRAD.COM FAX: (818) 556-4185

Sign and complete this form to authorize **Pacific Radio Electronics** to make a one time debit to your credit card listed below.

By signing this form you are giving Pacific Radio Electronics permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize **Pacific Radio Electronics** to charge my credit card
(full name)
account indicated below for _____ on or after _____.
(amount) (date)

This payment is for (description of goods/services): _____

Customer Account #: _____

Billing Address: _____ Phone#: _____

City, State, Zip: _____ Email: _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

- I understand that this authorization is for a one time only charge and Pacific Radio Electronics does not keep customer financial information stored on site. Any additional charges that may incur after the use of this form will require a separate authorization form to be submitted.

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.