



CREDIT CARD AUTHORIZATION FORM

Instructions

1. Complete the form by printing legibly with a dark pen.
2. Fill out all billing information in the blanks below.
3. Sign with the credit card holder's signature on the line indicated.
4. Fax this form to our secure fax machine at 864-850-8995 to complete your order.

I, _____ (company name or individuals name), hereby authorize MultiAqua, Inc. to charge my credit card account for charges related to the purchase of MultiAqua equipment as stated on PO # _____ (including shipping and/or taxes, if applicable).

Type of Card: _____ VISA _____ MASTERCARD _____ AMEX

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date _____

CVC Code _____

Credit Card Billing Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Cardholder's Signature: _____ Date: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by MultiAqua, Inc.