5625 MELROSE AVE
HOLLYWOOD, CA 90038
Ph: 323-466-3561 Fax: 323-871-2193

Credit Card Authorization

Card Holder's Name: _____
(as it appears on card. Please print)

Address: _____
(billing for credit card)

_____

_____

_____

Billing Phone Number: _____

Type of Card: ☐Visa ☐MasterCard ☐American Express ☐Discover

Card Number: _____

3 Digit Security Code: _____ Expiration Date: _____

Issuing Bank: _____

Issuing Bank Phone: _____

I authorize Alan Gordon Enterprises, Inc. to charge my credit card in the amount of **$**_____USD for purchase and shipping of equipment.

_____ _____
Cardholder's Signature Date

Please fax this completed form with a copy of your credit card & picture ID to Alan Gordon Enterprises, Inc. Attn: Brendan in Sales at (323) 466-7806

Shipping address _____
(If Different)

_____

_____

_____