

5625 MELROSE AVE HOLLYWOOD, CA 90038 323-466-3561

Credit Card Authorization

Card Holder's Name: (as it appears on card. Pleas	se print)	
Address: (billing for credit card)		
Billing Phone Number:		
Type of Card:Visa	MasterCard American Express Dis	cover
Card Number:		_
3 Digit Security Code:	Expiration Date:	_
Issuing Bank:		
Issuing Bank Phone:		
	erprises, Inc. to charge my credit card in the USD for purchase and shipping of equipm	
Cardholder's Signature	 Date	
Please fax this completed to Alan Gordon Enterprise	form with a <mark>copy of your credit card &</mark> es, Inc. Attn: Cary at (323) 871-2193	picture ID
Shipping address (If Different)		
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