



Credit Card Authorization Form

Credit Card Information:

Name as it appears on the Card: _____

Type of Card: Visa Master Card American Express

Credit Card Number: _____

Expiration Date: ____/____

Security Code BACK of Visa or Master Card (3 digits): _____

Security Code FRONT of Amex Card (4 digits): _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Cell: () _____ Email: _____

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize this card to be used for the event deposit and/or final payment or monthly auto-charge as agreed at time of order placed.

Cardholder or Company Representative:

Signature: _____

Today's Date: _____

Please return the completed form to our A/R department: Fiona.zhang@soltec.com. Call us at (510) 891-1056 if you have any questions. Thank you!