



PO BOX 431
 SAN BERNARDINO, CA 92408
 (800) 650-3360 FAX (909) 383-8628
 WWW.MYAMTEX.COM

CREDIT CARD CHARGE FORM & AUTHORIZATION

CUSTOMER #: _____

DATE: _____

BILLING ADDRESS (USED BY CREDIT CARD CO.)			
NAME:			
STREET:			
CITY	ST	ZIP	
PHONE			

SHIPPING ADDRESS			
NAME:			
STREET:			
CITY	ST	ZIP	
Fax:			

CHARGE TYPE: **VISA / MASTER / AMEX**

CARD #: _____ EXP DATE: _____

NAME -CREDIT CARD: _____ CVV: _____

	DATE	INVOICE #	SALES ORD #		AMOUNT
1					
2					
3					
4					

X _____
 AUTHORIZED SIGNATURE

X _____
 AUTHORIZED NAME

Please sign, approve and fax it back at (909)383-8628

-----FOR OFFICE USE ONLY-----

POSTED BY _____ DATE POSTED _____

AUTH. CODE _____ BATCH # _____