MANUFACTURE & WHOLESALER & IMPORT
500 S DATE AVE, ALHAMBRA CA 91803
TEL: 626-293-7592
EMAIL: SALES@CALTOP1994.COM
WEBSITE: WWW.CALTOP1994.COM

CALTOP CREDIT CARD AUTHORIZATION FORM

You authorize CALTOP to charge to your credit card.

I, (CUSTOMER) _____, authorize CALTOP to Charge my credit card for $ _____

This payment is for the following: _____

BILLING INFORMATION

BILLING ADDRESS: _____

PHONE#: _____ EMAIL: _____

CREDIT CARD TYPE: ☐ VISA ☐ MASTERCARD

CARD (#): _____

EXPIRATION : (MM/YY) _____ CVV: _____ CARD HOLDER'S ZIP CODE: _____

CUSTOMER'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____