



Credit Card Authorization Form

Instructions

1. Complete the form with the credit card billing information
2. Sign where indicated
3. Email the completed form to your Customer Service Representative or submit this form via fax, to:
Monaco Enterprises, Inc.
(509) 924-4980
ATTN: Credit Card Billing

Date: _____

Reference (PO) #: _____

Cardholder Name:	_____		
	(as it appears on the card)		
Credit Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Debit Card <input type="checkbox"/> American Express
Credit Card Number:	_____		
Expiration Date:	_____	Security Code:	_____ (3-4 digits)

Company Name:	_____		
Billing Address:	_____		
City:	_____	State/Province:	_____
		Zip/Postal Code:	_____
Country:	_____		
Alternate Shipping Address (if different than card's billing address)			
Address	_____		
City:	_____	State/Province:	_____
		Zip/Postal Code:	_____
Country:	_____		
Phone Number:	_____		
Email Address:	_____		

I authorize Monaco Enterprises, Inc. to charge the above identified credit card in the amount of \$_____ (USD), plus any applicable taxes and/or freight charges associated with the order referenced above. Furthermore, I acknowledge and authorize that a credit card surcharge in the amount of 2.8% will be added for all credit card transactions.

Printed Name: _____

Date: _____

Authorized Signature: _____

Monaco Enterprises

14820 E Sprague Ave; Spokane Valley, WA 99216 Tel: 509-926-6277 Fax: 509-924-4980