

ZODAX

CREDIT CARD AUTHORIZATION

Please fill out the form below and email or fax it back as soon as possible so we can ship your order without delay.

Account Name: _____ Estimated Total: _____
Account No.: _____ (total does NOT include freight costs)
Purchase Order No.: _____

Please fill out ALL information below giving Zodax authorization to charge your recent order on your credit card. If items are backordered, Zodax will charge the backorder to the credit card number provided, unless notified by the customer with another mode of payment.

CARDHOLDER BILLING INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Card Number: _____ Security Code: _____ Exp. Date: _____
Cardholder's Signature: _____
Date Signed: _____

Zodax will not process any transactions without receiving a written authorization from the cardholder.

Please fill out the above information & fax it back to (818) 785-1747.
If you have any questions, please call (800) 800-3443