



CREDIT CARD AUTHORIZATION

Company Name: _____

Customer No: _____

I hereby authorize CAL-ROYAL PRODUCTS, INC. to charge my credit card as follows (please fill in and Email to **creditcards@cal-royal.com** or Fax to **323-888-1796**).

Card Type: ☐Amex ☐Visa ☐MasterCard ☐Discover ☐Other _____

Account No: _____ **Expiration:** _____ **CVV:** _____

Name on the card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Sales Order / Invoice Number	SO / INV Amount	Less Discount / Credits	Total Amount
Grand Total			\$

Signature: _____ **Date:** _____

Email Add for the Receipt: _____