

2082 Business Center Drive, Suite 200  
Irvine, CA 92612  
949.474.6085 / 949.474.7529 Fax

## **CREDIT CARD AUTHORIZATION FORM**

I hereby authorize VE Associates, Inc. to charge my credit card for services provided to:

Company Name: \_\_\_\_\_

Type of Card (Visa or MasterCard only): \_\_\_\_\_

Name on Card: \_\_\_\_\_  
(please print)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State & Zip Code: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_\_

It is office procedure to charge the card 50% prior to project start & balance prior to shipment. We will send you a copy of the paid invoice along with a credit card receipt. Please send this completed form to our secure fax number 949.474.7529.

Sincerely,  
VE Associates, Inc.