

ELEVATOR CONTROLS

SIMPLE. SOLID. SUPPORTABLE.

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please print or type, fax completed form to 916-428-1973.

Transaction Date: _____

Card Type (Check one): Visa Master Discover AMEX

Credit Card #: _____

Name as Appears on the Credit Card: _____

Expiration Date on the Credit Card (mm/yy): _____ CVV Code (3 or 4 digits): _____

Company Purchase Card (Yes/No?) _____ If Yes, Purchase ID if Applicable: _____

Statement Address:

Shipping Address:

Description of Merchandise / Reference No:

Transaction Amount: \$ _____

A 25% restocking fee will be charged to all parts returned after shipping. A 25% cancellation fee will be applied to all orders cancelled after they have been engineered. A 50% cancellation fee will be charged on orders cancelled after they have been manufactured. 3% fee will be charged as part of the credit card processing cost.

By signing this authorization form, I acknowledge that I have read and agree to all of the above information. I hereby authorize Elevator Controls Corporation to charge the above Credit Card for purchases, services and/or shipping costs as shown above.

Signature of Card Holder

Date

Printed Name of Card Holder

Company Name (if applicable)