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Credit Card Authorization Form

Billing Information:

Company: _____

Name: _____

Street: _____

City, State & Zip: _____

Tel: _____ Fax: _____

E-mail: _____

Shipping Information: Same: ____

Company: _____

Name: _____

Street: _____

City, State & Zip: _____

Tel: _____ Fax: _____

E-mail: _____

Credit Card: Visa _____ Master Card _____

Credit Card Number: _____

Expiration date: _____ (mm/yy) Security code: _____

Please include copy of FRONT & BACK of credit card and FRONT of driver's license.

(Light and legible copies are required with this form)

Dark copies will be rejected.

I do hereby authorize SkyTech USA, Inc. Sales to process payments for all orders, made by fax, phone or e-mail to above referenced credit card.

I assume responsibility for all payments pertaining to my account and do state that I am the cardholder. I have included copy of the front and back of credit card and I understand if the copy is not received the orders will not be processed.

I do also agree to abide by the Sales & Return Authorization Policies established by SkyTech USA, Inc. Sales. I have read the above conditions. I hereby agree to terms of this sale.

Authorized Signature: _____ Date: _____