

Credit Card Authorization Form

Credit Card Information:

Company	
Card Number	
Card Type (Visa, Mastercard,	
Discover, etc.)	
Name on the Card	
Expiration Date (mm/yy)	
CVV/ Security Code	
Billing Address (zip code	
included)	
Cardholder Phone Number	
Cardholder Email Address	

*The information you provide should be in accordance with your bank account profile. Thank you!

I, ______ authorize Lynol Cooling System Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Lynol Cooling System Inc. Address: 5821 S Malt Ave, Commerce, CA 90040 TEL:323-890-2986 FAX :323-890-2976