

macha international, inc .

Credit Card Authorization Form

Please complete this form, sign and fax back to Joyce Turner at (713) 723-8452.

DO NOT RETURN THE COMPLETED FORM VIA EMAIL. EMAIL IS UNSECURE AND YOUR PERSONAL AND CREDIT CARD INFORMATION COULD BE COMPROMISED.

Card Holder Name:			
Company:			
Billing Address for Credit Card			
Street City, State Zip			
I hereby authorize Macha International, Inc to charge my (please check one:)			
<input type="checkbox"/> VISA	<input type="checkbox"/>	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card Number:			
Security Code:			
(this is the three or four digit number on the back of the card—on the front for American Express)			
Expiration Date:			
In the (US\$) Amount of : *		to pay for Sales Order/ Invoice Number	
*This amount may be increased to pay for freight charges the value of which may not be included in the value and will be added to the order.			
Authorized Signature:			
Date:			