



CREDIT CARD PAYMENT AUTHORIZATION FORM

Please fill out the following information to authorize your Credit Card payment.

Return via email at info@firstlook-electronics.com or fax to 213-402-2010

COMPANY NAME :

CREDIT CARD NUMBER :

CIRCLE TYPE OF CARD : VISA MASTER AMERICAN EXPRESS DISCOVER

EXPIRATION DATE : **SECURITY CODE :**

CARDHOLDER'S NAME/ COMPANY NAME :

ADDRESS :

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I ,, hereby authorize FIRSTLOOK ELECTRONICS to bill my above mentioned credit card in the amount of US \$....., plus shipping.

(if no shipping account is given then it will be charged separately).

PURCHASE ORDER NUMBER :

AUTHORIZED SIGNATURE :

DATE :

Please check if you wish to use this information for future orders 1-----1