



Credit Card Authorization Form

Please fill in the following fields with information relating to the card and card holder. Do not provide the security code on the back of the card, we will contact you if needed.

Fax completed form to CED Industry - (626) 369-8521

Card Billing Information

Okay to Keep Card on File

\_\_\_\_\_  
Name as it appears on credit card Today's Date

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Card number Expiration Month / Year CVV

\_\_\_\_\_  
Total Amount to be charged Signature of card holder

\_\_\_\_\_  
PO Number



Shipping information, if different from billing

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

CED - CITY OF INDUSTRY



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