

CREDIT CARD AUTHORIZATION FORM

I, _____, do hereby authorize the use of my credit card, as listed below, for charges related to services provided by **US Global Imports**, for these current services and for services provided in the future, during our business relationship.

COMPANY NAME:		BUSINESS LISENCE #:		
COMPANY ADDRESS:		CITY	STATE	ZIP CODE
PHONE #	_FAX #	EMA	\IL	
CREDIT CARD TYPE; VISA, MC, A	MEX, DISCOVER (C	CIRCLE ONE)		
CREDIT CARD NUMBER:				
EXPIRATION DATE:/	CVV2 # (3 DI	IGIT # LOCATED ON	THE BACK OF THE CARE):
BILLING ADDRESS:		CITY	STATE	ZIP CODE
NAME ON CARD AS IT APPEARS:				
SIGNATURE AUTHORIZING USE (OF CARD:		DATE:	
I understand that the amo (Initial) seven (7) days of authoriz Global Imports rate sheet.			ted on my credit card state rices requested by me and	
I understand that the amou (Initial) seven (7) days of authoriz Global Imports .				
I understand that all shipp (Initial) US Global Imports along		nd will be reflect on i	ny invoices sent to me by	
I understand and agree to (Initial) US Global Imports catale		s and conditions post	ed at USGLOBALIMPO	RTS.COM /
SIGNATURE:	DATE	E:		
	US	GLOBAL IMPOR	TS	