

MEVA INTERNATIONAL LLC.

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Tel. 800-310-MEVA
Tel. 562-921-0303
Fax: 562-921-0330

Credit Card Authorization Request

Date: _____

Customer / Company Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Credit Card #: _____ Exp. Date: _____

American Express (4 numbers in front on the right hand side): _____

Visa / Master (last 3 numbers on the back of the card): _____

Name on the card: _____

Customer Signature: _____

I acknowledge the Total amount shown below and agree to perform the obligations set forth in the Cardholder's agreement with the issuer.

Invoice #: _____

Total \$: _____

Please let us know if you need the transaction receipt. Should you have any further questions, feel free to call us.