

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
CEMAC BY FAX: (626) 721-309-9586 OR BY REGULAR MAIL.

STUDENT NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type:
_____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

Apply Amount to:
_____ (Other: _____)

FAX or send the authorization to:

CEMAC HOTEL DRAPERY AND SUPPLIES
420 S. San Gabriel Blvd
San Gabriel, CA 91776 U.S.A.
Phone (626) 287-5715 Fax (626) 309-9586