



CONFIDENTIAL

CREDIT CARD AUTHORIZATION
for
AKIWA TEK, INC.

Corporate Account

Personal Card Holder Account

(If you're using your own personal C/C for company use)
(All Information Must Be Completed)

Company Name: _____

Name: _____

Street Address: _____

Street Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: () _____

Telephone: () _____

Credit Card Type: Visa _____ Master _____

Credit Card Type: Visa _____ Master _____

Amex _____ Discover _____

Amex _____ Discover _____

Card No.: _____

Card No.: _____

3/4 Digit Verification Number: _____

3/4 Digit Verification Number: _____

Expire Date: _____

Expire Date: _____

Authorized Card User: _____

Authorized Card User: _____

Authorized Signature: _____ SIGN HERE

Authorized Signature: _____ SIGN HERE

Title: _____

Please select one of the following boxes:

I hereby authorize Akiwa Te\, Inc. to process with the above credit card information for the following PO# _____, including shipping and handling charges where applicable, not exceeding the amount of U.S.\$ _____. **OR**

I hereby authorize Akiwa Te\, Inc. to process any or all transactions with the above credit card information, for any or all purchases accrued between our company / myself with Akiwa Te\, Inc..

Title: _____ Name: _____

Date: _____ Signature: _____ SIGN HERE

Please filled out & fax this form back to: 562-483-6760. Thank You!