



Credit Card Authorization Form

I (card holder name) _____ with (company with) _____

_____ authorize to **CANTEPORE INC.**, to charge the amount of \$_____ for the Goods or Service of _____ Order # _____.

Please fill out the below credit card information, **sign and fax back to (562) 789-7673**

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

Authorized Signature: _____ Date: _____

Tax ID # _____ **OR** Diver LIC. # _____

Billing Address (of authorize card)

Street: _____ City: _____

State: _____, Zip Code: _____

Phone# _____ Email _____

If you have any question please call at **CANTEPORE INC.** (562) 262-1052 or e-mail: info@canteporeinc.com

Thank you for your Business