

OEI INTERNATIONAL INC.
425 SOUTH PINE STREET
SAN GABRIEL, CA 91776
T: 626-656-8200 F: 626-656-8210

RE: CREDIT CARD AUTHORIZATION FORM

Company Name: _____ (Required)

My signature below serves to authorize OEI Int'l Inc. to charge my credit card for:

___ A non-cancelable deposit towards our purchase, in the amount of \$ _____ as noted on Invoice # _____, dated _____

___ The remaining balance, in the amount of \$ _____, as noted on Invoice # _____, dated _____

___ The full amount of \$ _____. As noted on the Invoice # _____
Dated _____

CARD TYPE: ___ VISA & MASTERCARD *(2.08%) ___ VISA & MASTERCARD –Business card *(2.85%)
___ AMERICAN EXPRESS * (3.50%) ___ INTERNATIONAL CARD *(3.28%)

CREDIT CARD # _____ EXPIRATION _____
CODE _____ (3 DIGIT# ON BACK OF VISA/MASTERCARD OR 4 DIGIT NUMBER ON THE FRONT OF AE)

Signed: _____ Print Name _____ Dated: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION TO PROCESS YOUR CREDIT CARD

BILLING ADDRESS AND ZIP CODE (WHERE STATEMENTS ARE MAILED)

NAME ON CARD _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

Please attach invoice/quote and fax or email back to your account manager. All orders are not processed until a deposit is received unless separate arrangement has been agreed upon
