



Centrix International Corp.
1925 E McKinley Ave Suite A
La Verne CA,91750

Tel: 909-480-3000
Fax: 909-480-3006
Email: Billing@centrix-intl.com

Credit Card Authorization Form

Cardholder's Name: _____ Order Number: _____

Credit Card Type: Visa Mastercard

Credit Card Number: _____ Expiration Date: _____

I authorize a charge against my card in the following amount: _____

Billing Address (As shown on credit card statement): _____

I, the undersigned, do hereby authorize Centrix International to process charges against my above Referenced credit card for the amount that I may owe to Centrix Intl' relating to goods and/or services purchased.

Your completion of this authorization form helps us in our effort to prevent credit card fraud and protect you, our valued customer.

Signature: _____ Date: _____

Print Name : _____

Please mail or fax the completed form with a copy of your credit card (*front and back*) to:

1925 McKinley Ave Suite A

Fax:909 480-3006

La Verne, CA 91750

Email: Billing@Centrix-intl.com