



## Credit Card Authorization Form

<p>Instructions:</p> <ol style="list-style-type: none"><li>1. Fill out this form</li><li>2. Sign where indicated</li><li>3. Submit it by email, mail, in person, or fax</li></ol>	<p>Submit to:</p> <p>U.S. Poly International Auction Gallery 2380 Watt Ave ste230 Sacramento, CA 95825 Tel: 916.333.2602 Fax: 916.514.8926 Email: info@uspolyauction.com</p>
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Cardholder Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email : \_\_\_\_\_

I authorize a charge against my credit card in the following amount: \_\_\_\_\_

Credit Card  
(Choose one)       Visa       MasterCard       Discover

Card Number: \_\_\_\_\_

CCV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_