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CREDIT CARD PAYMENT AUTHORIZATION

DATE: _____

FROM: _____
(COMPANY NAME)

I HEREBY AUTHORIZE MOBEL ELECTRONICS INC. TO PROCESS MY PAYMENT WITH:

MASTERCARD: VISA:

CARD NUMBER: _____

EXPIRY DATE: _____

CARD HOLDER NAME: _____

CARD BILLING ADDRESS: _____

TOTAL AMOUNT: \$ _____

FOR ORDER NUMBER OR INVOICE NUMBER: _____

CARD HOLDER SIGNATURE

NAME OF THE CARD HOLDER (PRINTED LETTERS)

AUTHORIZATION NUMBER:
FOR INTERNAL USE ONLY