



CREDIT CARD AUTHORIZATION

Please fill out and fax this form to : **(949) 598-9519**

COMPANY NAME:.....DATE:

DECLARATION

I, hereby authorize Dolphin Toner Inc. to use the following Credit Card information to charge purchases made at Dolphin Toner Inc.

CARDHOLDER INFORMATION

FULL NAME AS IT APPEARS ON YOUR CREDIT CARD:

BILLING ADDRESS: -----
CITY:----- STATE:----- ZIP CODE: -----
PHONE: -----

CREDIT CARD INFORMATION

Credit Card Account#: -----
Expiration Date (MM/YY): ----- VCODE: -----

SPECIAL INSTRUCTIONS

Please provide a copy of your credit card along with this form.
Authorize Dolphin Toner to charge this card for all my future purchases
----- YES ----- NO, need my authorization on every order

I confirm that the information on this form is true and correct:

AUTHORIZED SIGNATURE:

X _____ DATE: _____
Printed Name: _____ Title: _____