



1902 McGaw Avenue
 Irvine, CA 92614
 P: 949.567.9000
 F: 949.567.9010
 www.cp-carrillo.com

Credit Card Authorization

Use your Visa, MasterCard, to purchase from CP-CARRILLO.

Please complete and sign this authorization and mail or fax it to us.

I authorize CP-CARRILLO to charge my purchase(s) to my credit card listed below.

Name of Company: _____ Customer #: _____

Name of Cardholder: _____

Credit Card Billing Address: Street: _____

City: _____ State: _____ ZIP _____

Telephone: _____ E-Mail: _____

Charge to: MasterCard Visa

Account #: _____ Expires: ____/____

Three-Digit Security Code on back of Credit Card: _____

Your Credit card information will be kept on file for future purchases, unless you notify us otherwise
 (All information provided will remain confidential)

 Cardholder Signature

Please Return this Authorization to:



1902 McGaw Avenue
 Irvine, CA 92614 USA

F: 949.567.9010 Accounting Fax: 949.783.3908

Attention: Accounts Receivable

For Office Use Only:

Date Received: _____ Received By: _____ Customer Number: _____