



Credit Card Charge Form

Credit Card Type: VISA MC AMEX DISC

Credit Card #: _____

CVC2 # _____

Expiration Date: _____

Total Amount: _____

Bill To Name: _____

Bill To Phone: _____

Bill To Address: _____

Check To Keep on File For Future Orders

Refer to PO#/SO#: _____

I am the cardholder of this charge card and I do authorize the use of my credit card for this purchase from U.S. Flash & Technologies, LLC

Signature of Card Holder

Date _____

Fax back to: (949) 250-1109