



Corporate Office

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CREDIT CARD PAYMENT AUTHORIZATION

PLEASE COMPLETE AND RETURN TO AQUALUMI VIA FAX OR U.S. MAIL

I, _____ HEREBY AUTHORIZE THE PURCHASE OF MATERIALS

IN THE AMOUNT OF \$ _____, FOR INVOICE NUMBER: _____

TO BE CHARGED TO MY: VISA MASTER CARD AMERICAN EXPRESS DISCOVER

CREDIT CARD INFORMATION

ACCOUNT #: _____

EXPIRATION DATE: _____

NAME AS SHOWN ON CREDIT CARD: _____

AUTHORIZING SIGNATURE: _____

PURCHASE DATE: _____

BILLING INFORMATION

CREDIT CARD BILLING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

I HAVE GIVEN THIS CREDIT CARD INFORMATION TO: _____

(AQUALUMI SALES REP)

NAME OF COMPANY: _____

RESALE TAX CERTIFICATE NUMBER (IF APPLICABLE): _____

INTERNAL USE ONLY

AQUALUMI SALES REP: _____

REP NUMBER: _____

INVOICE/ORDER NUMBER: _____