

# PACIFIC ISLAND IMPORTS

Saltwater & Freshwater Importer & Distributor

P.O. Box 579, Artesia, CA 90702

Tel: (562) 916-0010

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Website: [www.pacificisland.com](http://www.pacificisland.com)

## Credit Card Authorization Form Transaction Agreement

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\_\_\_ FJ \_\_\_ CL \_\_\_ CJ  
\_\_\_ EM \_\_\_ DB

### COMPANY INFORMATION

|                             |             |                       |             |
|-----------------------------|-------------|-----------------------|-------------|
| Company Name:               |             | Email:                |             |
| Business Address:           |             | City:                 | State: Zip: |
| Phone:                      | Fax:        |                       |             |
| Cell:                       | Alt. Phone: |                       |             |
| Preferred Airline Ship Via: |             | Ship To Airport Code: |             |

### CREDIT CARD - Primary Card

We Accept Visa, MasterCard, American Express, and Discover

|  |  |                         |             |
|--|--|-------------------------|-------------|
| Credit Card Number _____ - _____ - _____ - _____   |  | Exp. Date: ____ / ____  |             |
| 3-Digit Security Code on back of Credit Card _____   |  |                         |             |
| Name as it appears on Credit Card:   |  | Is This a Company Card? |             |
| Authorized person must be <input type="checkbox"/> owner or <input type="checkbox"/> partner (Please check applicable box) |  |                         |             |
| Statement Mailing Address:   |  | City:                   | State: Zip: |

### CREDIT CARD - Backup Card

We Accept Visa, MasterCard, American Express, and Discover

|  |  |                         |             |
|--|--|-------------------------|-------------|
| Credit Card Number _____ - _____ - _____ - _____   |  | Exp. Date: ____ / ____  |             |
| 3-Digit Security Code on back of Credit Card _____   |  |                         |             |
| Name as it appears on Credit Card:   |  | Is This a Company Card? |             |
| Authorized person must be <input type="checkbox"/> owner or <input type="checkbox"/> partner (Please check applicable box) |  |                         |             |
| Statement Mailing Address:   |  | City:                   | State: Zip: |

I hereby authorize Pacific Island Imports to debit my credit card for all purchases made by my company/representatives. I have read and agree to the terms outlined in the 'Pacific Island Imports Purchasing Agreement Terms & Conditions'. I shall be responsible for any and all losses incurred and charges can be ran for full invoice total immediately.

Signature of Card Holder \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**THIS FORM MUST BE SIGNED!!!!!!**