



Credit Card Charge Form

Reseller #: _____

Credit Card Type: _____

Credit Card #: _____

CVC2 # _____

Expiration Date: _____

Total Amount: _____

Customer Name: _____

Customer Phone: _____

Bill To Address: _____

Blind Ship to Address: _____

Refer to PO#: _____

Please include UPS or FEDX account number if you want freight charged directly to your account. _____

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

FOB Factory