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www.kahunachair.com

www.kahunachairusa.com

## CREDIT CARD AUTHORIZATION FORM

(PLEASE PRINT CLEARLY)

Keep On File: \_\_\_\_\_

INVOICE#: \_\_\_\_\_

CUSTOMER CREDIT CARD BILLING INFORMATION	
COMPANY NAME:	DBA:
CONTACT NAME:	TITLE:
BILLING ADDRESS:	
TEL:	FAX:

CREDIT CARD INFORMATION					
<input type="checkbox"/> VISA	NAME OF CARD HOLDER:	AMOUNT:			
<input type="checkbox"/> MASTER CARD	CREDIT CARD #:	EXPIRATION DATE:		SECURITY CODE:	
<input type="checkbox"/> AMEX (3% FEE)	AUTHORIZED SIGNATURE:	DATE:			

*\*Note: The signer MUST be the named cardholder.*

**\*PLEASE COMPLETE AND FAX TO 562-612-7265**

*By signing above, I authorize KAHUNA CHAIR USA to charge my credit card in the amount specified for order(s)/invoice(s). All sales are final.*