

## Payment Authorization

I, \_\_\_\_\_ . An affiliate of \_\_\_\_\_  
(Name as appears on credit card) (Company Name)

authorize **MK Battery**. to charge my....

(Circle One) **Visa Card**      **Master Card**      **Amex**      **Discover Card**

In the amount of \$ \_\_\_\_\_

## Credit Card Information

The last four digits of my Credit Card number are: \_\_\_\_\_

It expires on: \_\_\_\_/\_\_\_\_

The Name on the Card Reads: \_\_\_\_\_

\*Please print name exactly as it appears on your card.

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

By signing this you understand that this amount will be charged on your credit card when your order is placed.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**Print completed form, sign and return to your MK representative or fax to  
1-714-937-0818**

For office use:

Account No. \_\_\_\_\_

Authorization No. \_\_\_\_\_