

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. _____