

2399 Miguel Miranda Ave, Irwindale, CA 91010 Phone: 626-303-8888 Fax:626-303-8898 www.leader-os.com

CREDIT CARD AUTHORIZATION FORM

Company Name:	Customer Account No.:				
Name of the Authorized person:	Contact Phone No.:				
I hereby authorize Leader Office Solutions located in Irwindale CA, to charge the following credit card IN THE AMOUNT OF:					
Name as it Appears of the Card:	n				
Type of Card: (Check one only)	VISA MASTER DISCOVER AMERICAN EXPRESS				
Credit Card Number	r:				
Expiration Date:	CSC/CVC Code:				
Credit Card's Billin Address:					
City:	State: Zip Code:				
Country (If not in U.S.):					
Shipping Address (If different from above):					
Shipping Address					
City:	State: Zip Code:				
Country (If not in U.S.):					
Your Signature (m owner of the abo	Data Signadi				

As the credit card holder, Leader Office Solutions to	also authorize	
Authorization Valid Until:		
Your Signature (must be the owner of the above card):	Date Signed:	

Leader Office Solutions will keep all information entered on this form strictly confidential.

Please SUBMIT by FAX to 626-303-8898 or scan the signed copy and email to accounting@leader-os.com