



KOA E.D.I.
7306 Coldwater Canyon Ave Unit 1, N. Hollywood, CA 91605
TEL: 818-255-6666 FAX: 818-255-2111

Customer Credit Card Authorization

Customer Name: Contact Name:
Address: Telephone:
City/State/Zip: Fax:
Email: Website:

Card Type: [ ]

Card Number: Card Verification #:

Card Holder Name: Expiration Date:

By signing the following form (the customer) authorized KOA E.D.I. to automatically charge any outstanding balances left with KOA E.D.I. on the credit card information provided above.

Name: Date:

Company: Title:

Signature:

- I authorized KOA E.D.I. to keep the above card on file and charge any invoices occurred to my card.
No, I do not want my credit card kept on file for future purchases.

Name: Signature: Date:

\*\*\* For Reference Only \*\*\*

If you would like payments to be applied to specific invoice numbers, Please list invoices below or include copies with this fax.

Table with 6 columns: Invoice Number, Invoice Number, Invoice Number, Invoice Number, Invoice Number, Invoice Number

All American Express Card will be charged additional 3% for processing fee. \*\*By signing this document you agree to the all terms and conditions of KOA E.D.I. If you have any questions please contact KOA E.D.I. at (866) 606-5229