

YTC Summit International, Inc.

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Credit Card Authorization



PLEASE COMPLETE THE FOLLOWING INFORMATION IN BLACK INK AND RETURN TO US EITHER BY FAX OR MAIL:

Bill To: _____

Billing Address: _____

City St Zip: _____

Contact Name: _____

Phone Number: _____

IF SHIPPING INFORMATION IS DIFFERENT FROM BILLING INFORMATION:

Ship To: _____

Shipping Address: _____

City St Zip: _____

Contact Name: _____

Phone Number: _____

For your convenience, YTC Summit International, Inc. will use this Credit Card Authorization to charge the following credit card account for all of your orders unless otherwise requested.

Also, by signing below, you agree to allow YTC Summit International, Inc. to charge the credit card provided below in the event that your account becomes past due.

Please check the appropriate boxes:

AMERICAN EXPRESS DISCOVER MASTERCARD VISA

PERSONAL CREDIT CARD COMPANY CREDIT CARD

Account No: _____ 3 OR 4 Digit Credit Card ID # _____
(See images below for ID location)

Expiration Date: _____ Cardholder Name: _____

Billing Address: _____

Signature: _____

VISA MASTER CARD DISCOVER

AMERICAN EXPRESS

