



◆◆◆ <http://www.ZumexOfAmerica.com>
 Phone 305-877-6992 ◆ Fax 305-883-3101

CREDIT CARD VERIFICATION FORM

Credit card security is one of our top priorities at **Zumex Of America, Inc.**, and that is why we guarantee 100% secure ordering for all of our customers. Please fill up this for and return it to us via-fax in order to process to order.

Name on Credit Card			
First Name:	Middle Name:	Last Name:	
Billing Address			
Address:			
City:	State:	Zip Code:	
Credit Card Information			
<input type="checkbox"/> American Express		<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
Expiration Date:	Month:	Year:	CID #:
Credit Card Number:			

***Copy of Credit Card and Official Identification (Driver's License) must be attached to form.

For the purpose of payment for approved charge incurred during our business relationship. This authorization will remain in effect during the business relationship or until the expiration of said card. At which time Zumex of America, Inc., will require the completion of another Authorization form.

 (Full Name of Cardholder) – Print

 Date

 (Card Holder Signature)