

CREDIT CARD PAYMENT AUTHORIZATION LETTER

I authorize TOP KING, INC. to charge \$ _____ to my credit card.

TYPE OF CARD: MASTER CARD
(PLEASE CHECK)

VISA

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY VERIFICATION CODE: _____

CREDIT CARD BILLING ADDRESS: _____

INVOICE NUMBER: _____
(If applicable)

PURCHASE ORDER NUMBER: _____
(If applicable)

I also agree that I will not initiate any dispute on this charge in the future. Hereby I'm permitting Top King Inc. to keep the photocopy of my credit card as substitute of the imprint (both front and back sides of the card).

Cardholder's Name: _____
(Please print)

Cardholder's Signature: _____
(Please sign)

Date: _____ / _____ / _____ (MM/DD/YYYY)