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## CREDIT CARD AUTHORIZATION FORM

### Instructions

1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.

Fax this form back to us toll free to our secure fax machine at 1-800-662-2668 to complete your order.

I, \_\_\_\_\_, hereby authorize **A. M. Player / Monterey Club** to charge my credit card account in the amount of \$\_\_\_\_\_ (including shipping and/or taxes, if applicable).

Type of Card:  VISA  MASTERCARD  AMX  DISCOVER

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code (last three digits on the number on the back of the card) \_\_\_\_\_

### Credit Card Billing Address

Street: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential.