



Pacific Solution Marketing, Inc.  
1220 E. Belmont Street  
Ontario, CA 91761  
Tel: (909)-930-5845  
Fax: (909)-930-5843

### Credit Card Authorization Form

I \_\_\_\_\_, hereby authorize Pacific Solution Marketing Inc.  
to charge my credit card #

\_\_\_\_\_, Exp. Date \_\_\_\_\_, and CVV# \_\_\_\_\_ for  
items purchased through Pacific Solution Marketing, Inc.

Credit Card Holder Name: \_\_\_\_\_ (Visa or Master Card)

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax the completed form to (909) 930-5843