



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