

**Credit Card Authorization Form**

I hereby authorize Olamef USA, Inc. to charge my credit card.

VISA MASTERCARD AMERICAN EXPRESS

Expiration Date

VID security code _____

Card Number

Cardholder Name (Print)

Cardholder Billing Address

City/State/Zip

Signature

Email Address

Purchase Order (If any)

PO Attached

Company Name

Shipping Address

City/State/Zip

Phone/Fax

Notes

As the credit card holder, I authorize Olamef USA, Inc. to charge my credit card for future purchases.

**PLEASE FAX FORM TO: +1 (760) 305-7714
OR SCAN IT AND SEND IT TO: sales@olamefusa.com**

Your completion of this authorization form helps us to protect you from credit card fraud.

Olamef USA, Inc. will keep all information entered on this form strictly confidential.

For any questions please call +1 (760) 930-9206 or e-mail us at sales@olamefusa.com
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