



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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