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Credit Card Acceptance

Date: _____

Customer Number: _____

Customer Name: _____

The following invoices will be applied towards your credit card:

<u>INVOICE #</u>	<u>AMOUNT</u>
_____	_____
_____	_____
TOTAL:	_____

*Type: Master Card Visa Discover American Exp.

* Card Number: _____ CCV2: _____ Expires: _____

*Name on Card: _____

*Card Billing Address: _____

*City: _____ *St: _____ *Zip Code: _____

Card Telephone Number: _____

By signing below, I agree to have Icon Composites apply the above charges to my credit card. Icon Composites has the right to hold me (the customer) liable for these charges in the event Credit Card Company denies payment.

* _____
Signature of credit card holder

* _____
Date

Note: To avoid having to sign this form every time on shipments, please sign below if you wish for Icon Composites to automatically apply all future invoices directly to this credit card number.

* _____
Signature of credit card holder

* _____
Date