



SOL-EFFECT ENTERPRISES INC 11878 CLARK STREET, ARCADIA, CA. 91006
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CREDIT CARD AUTHORIZATION FORM

I, _____ **AUTHORIZE SOL-EFFECT ENTERPRISES INC.**
TO CHARGE MY CREDIT CARD ON THE PURCHASE OF SPORTING GOODS AND
OTHER MERCHANDISES FOR AMOUNT OF _____, AND I DO NOT NEED TO SIGN AGAIN FOR
FUTURE ORDERS IF SHIP TO THE SAME ADDRESS AGAIN.

MY 16 DIGITS OF CREDIT CARD # _____
EXPIRE DATE: _____ / _____

BACKSIDE OF MY CREDIT CARD'S BANK PHONE # _____

THE BILLING ADDRESS FOR MY CREDIT CARD(WHERE MY STATEMENT IS MAIL

NAME OF CREDIT CARD HOLDER _____

ADDRESS: _____

CITY, ZIP CODE: _____

SHIPPING ADDRESS IS: IF IT IS THE SAME AS CREDIT CARD BILLING ADDRESS
YOU JUST NEED TO SIGN AND FAX BACK TO ME (626) 599-9897 THANK YOU.

IF DIFERENT THAN CREDIT CARD BILLING ADDRESS FIIL IT OUT

ATTENTION TO: _____

ADDRESS: _____

CITY, ZIP CODE: _____

I, the cardholder, agree to the above charges and authorize the charges to be placed against my credit card, I further agree that the above information is correct and any changes have been noted.

YOUR SIGNATURE: _____