



Credit Card Authorization

Please complete this section:

Check one:



Credit Card Number:

Expires:

Security Code :

Please print name EXACTLY as it appears on card: _____

Authorized Users: _____

Billing Address of Card Holder: _____

City: _____ State: _____ Zip: _____

I hereby authorize Camelback Protection Systems, LLC to process all orders made to the above referenced credit card. These orders will be made by the above listed authorized users. Any changes such as adding or deleting users will be made in writing to Camelback Protection Systems, LLC. I assume responsibility for payment & in doing so I agree to abide by Camelback Protection Systems, LLC Return Authorization Conditions. I have read the above conditions & hereby agree to the terms.

Authorized Signer _____ Date _____

Printed Name of Signer Above _____

Please Fax back to (602) 296-7628