

AMLONG, INC.

www.CrystalCompany.com

P.O. Box 351 Walnut, CA 91788

Credit Card Authorization Form

Please Fax to: (626)964-7680 or Scan/Email to info@crystalcompany.com

Invoice # _____

(Please Print or Type)

First Name	Middle Initial	Last Name
Company Name		
Shipping Address		
City	State	Zip
Phone No. () -	Facsimile No. () -	Email (for receipt)

Please charge my: Visa Master Card

Credit Card No.	
Name As On Credit Card.	
Full Billing Address	
Expiration Date	Amount Authorized \$
Authorized Signature	Date