

**SOL-EFFECT ENTERPRISES INC.**

11878 CLARK STREET, ARCADIA, CA. 91006  
PH (626) 599-8277 FX (626) 599-9897  
WWW.SOLEFFECT.COM SEYEH@AOL.COM



**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 the 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 : \_\_\_\_\_

Expiration date: \_\_\_\_\_

Backside of my credit card's Bank phone number \_\_\_\_\_

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 it.

Attention to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 are been note.

\_\_\_\_\_  
CUSTOMER SIGNATURE