

CREDIT / DEBIT CARD AUTHORIZATION FORM:

Please complete the following form and send it via <i>fax</i> : 1-661-257-4737 or <i>email</i> : <u>authorizations@sonicelectronix.com</u>							
We are requesting additional documents of identification to prevent the unauthorized use of your card. This document will							
be solely used to verify your identity and confirm your order. It will be safeguarded to prevent identity theft.							
As a security measure, you may leave the first 12 digits of your card number and driver's license number undisclosed. Instructions:							
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1. Print this form. 2.							-
the charges to your card 4. Send signed form via <i>fax</i> : 1-661-257-4737 or email: <u>authorizations@sonicelectronix.com</u>							
PLACE CARD COPY HERE			COPY OF STATE DRIVER'S LICENSE OR IDENTIFICATION CARD WITH YOUR SIGNATURE (PASSPORT OK)				
Order Number(s)			Total Amount				
Written Amount							
Item(s) Purchased							
Card Number			Expiration Date				
Check Card Type [] VISA [] MC [] AMEX [] DISCOVER							
I would like to have the package delivered to the following address Delivery Address Type [] Residential <or> [] Business - Company Name:</or>							
Street Address Suite / Apt							
City		State / Province			Zip / Postal #		
Country		State / Hovince	Phone Nu	mber	21971050017		
Agreement							
By signing this document, I hereby agree to pay the total amount as entered above according to the card issuer agreement and approve to deliver to the destination specified. I authorize Sonic Electronix, Inc., also known as SE Inc. to charge the above credit card for this amount. I agree to be bound to Sonic Electronix Site's Terms of Use as well as their Warranty and Return Policies for this transaction and any future ones, committed to follow and respect any instructions and procedures for the return of any merchandise. I also agree that I, the buyer, am responsible for any cancellation, restocking or shipping							
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