## Eaglecell, Inc.

590 W. Central Ave., Suite I, Brea, CA 92821 Tel: 626-968-3188 Fax: 626-968-8399 www.eaglecell.com sales@eaglecell.com

OMPANY NAME:	(Names that app	ears on the credit card)	
ALES REP:			
ARD NUMBER:			
SV NUMBER:	(LAST 3 DIGITS OF	THE BACK OF THE CREDIT CARD)	
XPIRATION DATE:	/		
ARD TYPE: MASTER		DISCOVER AMEX [	
(DIS	COVER AND AMEX ne	ed add 5% for processing Fee)	
ardholder or company billing addres	;S:		
אר:	STATE:	ZIP:	
erms and conditions:			

s Any dispute about the charges must be made with EAGLECELL, INC. in writing. Eaglecell, Inc. will use the best effort to correct any errors that was made or may have made. Cardholder authorized Eaglecell, Inc. to charge any sales order or invoice due as payments of the goods ordered or received. Any none payment, charge backs and or/ disputes occurred the products and or goods are the property of Eaglecell, Inc. until the payments are paid in full. The cardholder understands that any disputes or charge back must be made with Eaglecell, Inc. Eaglecell, Inc. reserves all rights to collect any unpaid, products or goods, charge backs, court fees, lawyer's fees, and /or all of the charges that occurred in assisting the process.

Cardholder's Signature:

Date:

\*\*Please fax this form with copy of driver's license and copy of back of the credit card\*\*