



405 Lynrose St. Arcadia, CA 91006 USA • Phone: 626.821.1388 • Fax: 626.821.1389
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CREDIT CARD PAYMENT AGREEMENT

DATE _____

I, _____, authorize Optimate, Inc. to charge my credit card for all open invoices that is on the statement while reaches the due date.

*PRIMARY CARD HOLDER NAME _____

POSITION _____

CREDIT CARD NO _____ *CVV CODE _____ EXP. DATE _____

IN THE TOTAL AMOUNT OF _____ US DOLLARS

BILLING ADDRESS WHERE I RECEIVE MY CREDIT CARD STATEMENT

COMPANY NAME

COMPANY ADDRESS

SIGNATURE

I AM FULLY AWARE OF MY PURCHASE AND WILL NOT DISPUTE PAYMENT.

- Along with this form, please also fax us the copy of your credit card (front and back).
- When complete, please fax this form back to Optimate, Inc. at 626-821-1389.

- * The CVV Code is the numbers on the back of your card.
- * If this is a company card, the primary holder's name and position must be provided.
