

K-Mars, Inc.  
5913 Blackwelder Street  
Culver City, CA 90232  
Tel: 800-2961551  
Fax: 800-2964660

## Optional Credit Card Use Authorization Form

**Please complete and return via Fax.**

**Date** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Card Holder's Name** \_\_\_\_\_

**Credit Card Billing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Type of Credit Card** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**I, \_\_\_\_\_ (Please Print Credit Card Holder Name)**

**Authorize K-Mars to charge the above mentioned card for purchase made**

**by \_\_\_\_\_ (Please Print The Company Name)**

**I authorize K-Mars to maintain my credit card account number on file for all future purchases.**

**I will notify K-Mars of any changes.**

\_\_\_\_\_  
**Signature of Credit Card Holder**