



FATBOY CELLULAR, INC

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Credit Card Authorization Form

Sign and complete this form to authorize FATBOY CELLULAR, INC to make debit to your credit card listed below.

Please complete the following(Exact Match)

Company Name _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

(AMEX/DISCOVER will be charge 5% processing fee)

NAME (PRINT) _____

TITLE _____

SIGNATURE _____

DATE _____

TERMS and CONDITIONS:

All charges are based upon the amount of the invoice that is due, with or without shipping charges. By signing this Credit Card Authorization form, the cardholder authorizes FATBOY CELLULAR, INC. to debit the credit card stated above for the amount of each invoice due as payment for the products, goods and services sold/rendered by FATBOY CELLULAR, INC. Net term and C.O.D. customers, by signing this Credit Card Authorization form, authorize FATBOY CELLULAR, INC. to charge the above stated credit card in any event that a non-payment or check stop payment occurs. In the event that a non-payment, charge back, or any dispute occurs, the products, goods and services in question are the property of FATBOY CELLULAR, INC. until the payment is made in full. FATBOY CELLULAR, INC. reserves all rights to collect any unpaid products, merchandises, charge backs, collection for legal fees and all other charges that occurred in assisting this process.

PLEASE ATTACH A COPY OF YOUR VALID IDENTIFICATION (DRIVER LICENSE) & CREDIT CARD (FRONT & BACK) ALONG WITH THE COMPLETED FORM, FAX/SEND IT BACK TO US