

ZOTA USA INC.

17005 Evergreen Place, Unit B
City of Industry, CA 91745
Tel: (626) 839-8668 Fax: (626) 839-8558

To: _____ Date: ____/____/____
Company: _____ From: _____
Sales Order Number: _____ Department: _____
Phone Number: _____ Fax Number: _____

Dear Customer:

Thank you for your order. To protect you, as well as our company from fraudulent misuse of your credit card, we request that you complete and sign the following:

I authorize ZOTA USA INC. to charge my credit card for the order(s) I placed on:

Date: ____/____/____ Amount \$_____ (plus freight and handing charge)

Acknowledged by: _____ Credit Card Holder(s) Name: _____
Credit Card Holder's Signature: _____
Credit Card Holder's Print Name: _____

Credit Card Billing Address: _____

Credit Card Type: () Master card () Visa
() American Express

Credit Card Number: _____

Expiration Date: ____/____/____

Please fax back to (626) 839-8558 A.S.A.P so that your order can be processed. Order will not be processed until this form is completed and signed. Thank you.

Accounting Department Use Only

Customer ID: _____

Invoice Number: _____

Invoice Date: ____/____/____

Total Amount: \$_____

Authorization Number: _____