



5310 Ashbrook Houston, Texas 77081 • (800)-231-6652 • FAX: 713-667-3976

# CREDIT CARD AUTHORIZATION FORM

S/O#: \_\_\_\_\_

PLEASE FAX TO: 713-661-3976 ATTN: Sean Hoskins

Or E-MAIL to: ATTN: [service@promaxima.com](mailto:service@promaxima.com)

Please complete the following information and fax back to the number above to authorize credit card payment.

Cardholder Name: \_\_\_\_\_

Card Type: Visa \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Authorization Number (back of card): \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_ (Full Amount or Deposit)-circle one

Amount Charged (remaining balance): \$ \_\_\_\_\_ Initials \_\_\_\_\_  
(Only Applicable if a Deposit was placed, your initials permit us to run the card at shipment.)

### Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown here on and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Please note your credit card will report a charge from Promaxima

### Return Policy

All damages must be documented on delivery ticket and reported to Promaxima within 5 business days of receipt of goods. All other returns must be approved by Promaxima in advance by obtaining a WRITTEN RMA from Promaxima. Returns are only allowed within 5 business days following the receipt of goods, are subject to a 20% restocking fee and customer is responsible for freight charges for the original delivery PLUS return shipping costs. Goods must arrive at Promaxima's warehouse in resalable condition. Any claims for damages or losses incurred in return shipping must be filed directly with the carrier. Promaxima assumes no liability arising from damages or losses related to return shipping. I have read, understand, and agree to Promaxima's return policy and further warrant that I have the authority to enter into a binding agreement on behalf of my organization or entity.

Signature: \_\_\_\_\_