



Credit Card Authorization Form

1315 Storm Parkway, Torrance, CA 90501 • Tel: 310.257.2807 • Fax: 310.257.2842 • mkdiamond.com • credit@mkdiamond.com

Company Name: _____ Date: _____

Invoice or Order#: _____

Total Amount to be charged: _____

Name on the Credit Card: _____

Billing Address of Card Holder Card: _____

Visa, MasterCard or American Express #: _____

Expiration Date: _____ V-Code: _____

Authorized Signature: _____ Date: _____

Email Address: _____

**Please complete the form and fax or email to the
Credit Department to complete the transaction.
We appreciate your business.**

**Fax: 310.257.2842
Email: credit@mkdiamond.com**