



CORPORATE OFFICE & FACTORY:
1501 NORTH PECK ROAD • SOUTH EL MONTE, CA 91733
(626) 444-4521 • (800) 334-4452 • FAX (626) 444-5336

L.A. AIR COMPRESSOR SYSTEMS:
(626) CPR-0470 (626-277-0470) • FAX (626) 444-1012
TOLL FREE: (877) CPR-5553 (877-277-5553)

OTHER LOCATION:
3542 E. BROADWAY RD., SUITE A • PHOENIX, AZ 85040
(602) 278-5259 • (800) 453-3569 • FAX (602) 278-1916

ONE TIME CREDIT CARD AUTHORIZATION FORM

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

CREDIT CARD NUMBER: _____ EXP: _____

COMPANY NAME: _____

CARD HOLDER NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

AMOUNT TO BE CHARGED: _____

NOTE: _____

I, _____, authorize my credit card to be charged for the above amount. I am aware that I will receive a copy of the charge slip by fax and that this slip will act as my record of this transaction.

MATERIAL RETURN: All warranty parts returned for credit are subject to the manufacturer's approval. Material return forms must be completed by the customer before the goods are returned to the factory by us. Please contact our parts manager before return of any defective or warranty parts.

If parts are returned for credit they will be subject to a restocking charge of 15%. Material/parts made on special order or material of a special nature not normally carried in our inventory will not be subject to return. All other material will be accepted subject to inspection.

All claims for shortage of material must be submitted in writing within ten days of date of receipt of material. No claims shall be considered unless this procedure is followed.

SIGN: _____ DATE: _____