



14924 Arrow Hwy, Unit A & D

Baldwin Park, CA 91706

Tel: (626) 337-3086

Fax: (626) 337-5708

Web: www.ultimatejumpers.com

Credit Card Authorization Form

Date _____

I, _____ hereby authorize Ultimate Jumpers, Inc. to charge the amount of (US \$) \$ _____ to the account indicated below:

Credit Card holder's name: _____

Credit Card Number: _____

Expiration Date: ____/____/____ CVV2 (Back three digits): _____

Cardholder's Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Cardholder's Signature: _____

Please fill out this form and fax it back to **(626) 337-5708** or email **sales@ultimatejumpers.com**

Notes: _____

