



Credit Card Form

Please fill out as complete as possible then sign, date, and fax it to us at Voxx Technologies Fax # 949-218-7182

(This information is for internal use only and will not be disclosed to anyone for any other purposes than billing.)

PO# _____ Quote# _____
Sales Rep: _____ Date: _____
Total Charges: _____ (includes 3% handling fee)
*Does not include shipping from California

Estimated handling and Shipping \$ _____
Estimated Total Sale \$ _____

Credit Card Information: Card Type: VISA _____ MASTERCARD _____ AMEX _____
Credit Card# _____

Expiration Date: _____ CVV Code: _____

Signature: _____ Date: _____

Card Holder Billing Information:

Card Holders Name: _____

Card Holders Address: _____

City: State/Province: _____

Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Shipping To Information:

Company Name: _____

Ship To Address _____

City: State/Province: _____

Zip Code: Country: _____

Shipping Account# FedEx _____

UPS _____ DHL _____

Other _____
Shipping Method: (Please check one) Next Day ___ AM Next Day PM ___ 2Day ___
3Day ___ Ground ___