

CREDIT CARD AUTHORIZATION

(Please complete and return via fax to 714/546-7474)

DATE: _____

SUBJECT OF REQUEST

TO: OC RESOURCES, INC
751 S. WEIR CANYON RD. #157-373
ANAHEIM HILLS, CA 92808

RECEIVED: _____

INVOICE NO.: _____

APPROVAL NO.: _____

FROM: _____
YOUR NAME

COMPANY NAME

CREDIT CARD BILLING ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

BY THIS MEMO, I AUTHORIZE SOR SERVICES, INC TO BE PAID FOR THE TRANSACTION OF THE ABOVE-REFERENCED COMPANY IN THE AMOUNT OF _____ BY USING THE CREDIT CARD LISTED BELOW.

MASTERCARD VISA AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER

EXACT NAME AS IT APPEARS ON THE CARD

EXPIRATION DATE

3 OR 4 DIGIT CARD CODE

I UNDERSTAND THE CHARGE FOR THE ABOVE SERVICE IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE. I WAIVE MY RIGHT OF REFUND AND/OR TO DISPUTE THE CHARGE.

AUTHORIZED SIGNATURE OF CREDIT CARD HOLDER

DATE