

Apollotek International Credit Card Authorization

1702 McGaw Ave. Irvine, CA 92614 (800) 787-1244

Customer's Information

Date of Sale: _____ State of Sale: _____

Cardholder Name: _____

Company Name: _____

Contact Information

Address *(should be the same as billing address)*

City: _____ State: _____ Zip Code: _____

Phone #: _____

Credit Card Information

Credit Card Type



Credit Card Number: _____

Sales Amount: _____ Expiration Date: _____

CIV # *(3 Digits code in back of the card)*: _____

I authorized *Lefay Inc* , to charge my credit card for the amount specified above.
Apollotek Intenational appreciates your business.

Authorized Signature : _____

Office Use Only

PTWS Account #: _____ Authorization#: _____

Date: _____ Sales Office: _____ Signature _____