



DYNAMIC SOLUTIONS GROUP, INC
 13905 MAGNOLIA AVE
 CHINO, CA 91710
 TEL: 1-909-548-3803 FAX:1-909-548-3886
 ACCOUNTING FAX: 1-909-364-0236

CREDIT CARD APPROVAL FORM

ASI # _____ INVOICE(S) _____ CUSTOMER PO# _____

CUSTOMER NAME & ADDRESS: _____

CUSTOMER PHONE & FAX: _____

CUSTOMER BILLING ADDRESS: _____

AMOUNT: _____

MASTER CARD _____ VISA _____

CARDER HOLDER NAME: _____

CARD NUMBER: _____

3 DIGITS CODE: _____

EXPIRE DATE(MM/YEAR): _____

AUTHORIZED SIGNATURE FOR THE ABOVE CHARGE(S):

* _____

*UNDER PENALTY BY LAW THE ABOVE CREDIT CARD INFORMATION IS TRUE AND CORRECT

*CUSTOMER HAS READ ALL POLICY STATED ON INVOICES AND AGREED TO BY THE SIGNED SIGNATURE ABOVE.