



P.O. Box 131508 • Carlsbad, CA 92013
Phone: (888) 720-2115 • Fax: (760) 994-1275

Credit Card Payment Form

Contact Name _____
Contact Email _____
Contact Phone _____ **Cell** _____

Name on Card _____
Credit Card # _____
Exp Date _____ / _____ / _____ **CVV2 Code*** _____

*(Last 3 digits on the BACK of the card(visa and MC) or 4 digits on the front(AMEX)

Billing Address _____

Billing Phone _____
Billing Email _____
Billing Phone _____ **Cell** _____

Quantity _____
Item _____
Total Amount _____

Signature _____ **Date** _____

By placing this order, you certify that you are authorized to sign on behalf of the credit card holder, and you agree to our terms of service as listed on our web page at <http://www.linxcorp.us/information.html>

Please print out this form and fax it back to: (760) 994-1275 (24 hours a day).

