



11637 Los Nietos Road, Santa Fe Springs, CA 90670
Bus: (562) 908-2728 Fax: (562) 908-2667

Please PRINT or TYPE clearly in BLACK ink.

Company: _____ Customer Account# _____

Attn: _____ Date: _____

Phone# _____ Fax# _____

For payment to Glova Link Corporation

Job # _____

My P.O. #/Authorized By _____

Charge my credit card now for the payment of \$ _____

☐ OK to charge all future orders to the credit card below.
I understand that it's my responsibility to review my
invoices and dispute them in writing within 5 days of the
credit card transaction date.

Authorized Cardholder Signature

Date

Charge my credit card account as follows:

(check one)

☐ Visa

☐ MasterCard

☐ Discover

☐ American Express

Card # _____ - _____ - _____ - _____ Exp. Date ____ / ____

Please enter the 3 or 4 digit # on the back or front of the card _____

Name as it appears on the credit card _____

Cardholder's billing address _____

City _____ State _____ Zip _____

All credit card payments will be billed in full PRIOR to the release of the order. All claims must be in writing within 5 days of the credit card transaction date. In the case where a credit is required, a credit will be returned to the credit card account.

By signing below you are agreeing to the terms and conditions as stated above.

Authorized Cardholder Signature

Date

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Date	\$ Amount	Auth#	Trans#	Initial

Date	\$ Amount	Auth#	Trans#	Initial