



**SAN LORENZO INT'L. INC.**  
5521 S. RIDGEWOOD AVE. - SUITE 3  
PORT ORANGE, FLORIDA 32127  
TEL: 386-322-0026  
FAX: 386-322-0728

**CREDIT CARD CHARGE FORM**

Company Name: \_\_\_\_\_

Card Holder: (please print name) \_\_\_\_\_

Credit Card:  VISA  MasterCard  Discover  American Ex.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

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PLEASE RETURN PROMPTLY TO:  
**SAN LORENZO INT'L. INC.**  
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PORT ORANGE, FL 32127  
OR FAX TO:  
386-322-0728