



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: _____

Card Holder's Signature: _____

Telephone: _____ **Fax:** _____

Credit Card Billing Address: _____



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