



# SAESHIN AMERICA

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## CREDIT CARD AUTHORIZATION FORM

Please complete all fields. This Credit Card Authorization Form will remain in full force and effect until Saeshin America, Inc. has received written notification from the Cardholder (or either of us) of its termination. It is also the Cardholder's obligation to notify Saeshin America, Inc. in writing of any changes in the credit card information, address, credit card number, CVC/CVV codes, or expiration date.

CREDIT CARD INFORMATION	
1. CARD TYPE:	<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX
2. COMPANY NAME:	
3. CARDHOLDER NAME:	(as shown on card)
4. CREDIT CARD NUMBER:	
5. EXPIRATION DATE (MM / YYYY):	
6-1. VISA / MASTERCARD / DISCOVER:	CVC (3-digit code on back side): _____
6-2. AMEX:	CVV (4-digit code on front side): _____
7. CARDHOLDER BILLING ADDRESS	
A. STREET:	_____
B. CITY:	_____ C. STATE: _____
D. ZIP CODE:	_____

I, \_\_\_\_\_, certify that I am the authorized holder and signer of the credit card referenced above and that all information is complete and accurate. I hereby authorize Saeshin America, Inc. to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date