



L O V A N[®]
U S A

7306 Alondra Blvd. | Paramount, CA 90723
T: 562-602-2333 | F: 562-602-2999 | E: dealers@lovanusa.com

CREDIT CARD FORM

TYPE OF CARD:

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS (AMEX)																			
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Account Number																					
Mo.	Day	Yr.	CVV (3-4 DIGIT CODE ON BACK OF CARD)																		
Expiration Date																					

CARDHOLDER'S NAME: _____ **DRIVER'S LICENSE #:** _____

COMPANY NAME: _____

D.B.A. (If applicable): _____

BILLING ADDRESS: _____ **SUITE #:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: (____) _____ - _____ **FAX NUMBER:** (____) _____ - _____

NOTES: _____

PLEASE MAIL COMPLETED FORMS TO:

Lovan USA Credit Dept
7306 Alondra Blvd.
Paramount, CA 90723

OR FAX COMPLETED FORMS TO:

1 (562) 602-2999

Cardholder hereby acknowledges and authorizes charges on the above credit card in exchange for the goods and/or services enumerated with Lovan USA and agree to perform the obligations set forth in the cardholder's agreement with the issuer. All pricing is a cash price.

Sign X	Print	Date
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